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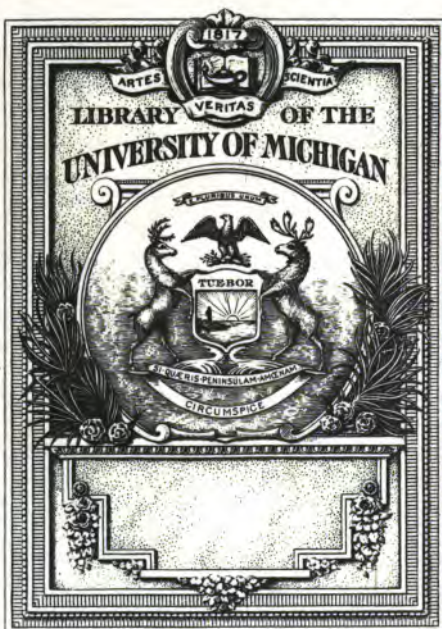
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Philadelphia Friends' asylum for the insane

THIRTY-FOURTH ANNUAL REPORT

ON THE STATE OF

THE ASYLUM,

FOR

THE RELIEF OF PERSONS

DEPRIVED OF THE

USE OF THEIR REASON.

~~~~~  
**Published by direction of the Contributors, Third month, 1851.**  
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PHILADELPHIA:

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~~~~~  
**1851.**



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THIRTY-FOURTH ANNUAL REPORT  
  
OF THE  
  
MANAGERS OF THE ASYLUM

FOR THE  
  
RELIEF OF PERSONS DEPRIVED OF THE USE OF THEIR REASON,  
  
NEAR PHILADELPHIA.

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THE Managers present to the Contributors, the following Report of the state of the Institution under their care :—

The number of patients on the 1st of the third month 1850, was 48; since which time 20 have been admitted, making the whole number under care 68. Of these 23 have been discharged, and 2 died. Of the patients discharged, 12 were restored, 4 improved, and 7 were without material improvement. The number on our list on the first instant, was 43,—of whom 3 are restored, 6 improved—and 34 stationary.

The Treasurer's Report exhibits a balance due him, on the 1st instant, of \$89.57, and a balance of the legacy of Beulah Sansom's of \$95.96, due the Asylum.

The Report of the Committee on Accounts, shows the expenditures and receipts during the past year, to have been as follows:

|                               |               |            |
|-------------------------------|---------------|------------|
| For Salaries and Wages,       | - - - -       | \$3678 49  |
| Farm and Family Expenses, in- |               |            |
| cluding New Furniture and re- |               |            |
| pairs to the buildings,       | -             | 6742 10    |
| Medical Department,           | - - - -       | 1104 22    |
| Incidental Expenses,          | - - - -       | 169 38     |
| Annuities,                    | - - - - - - - | 318 10     |
|                               |               | <hr/>      |
|                               |               | \$12012 29 |
|                               |               | <hr/>      |

During the same period, the amount charged for the board of patients, &c., is \$9179 07; for Interest and Ground Rents, there have been received \$702 16; and twenty eight Life Contributions of \$25 each, have been received from members of the four Monthly meetings in this city, and Frankford Monthly meeting;—amounting in all, with a donation of \$4 to \$704; resulting in a deficiency of \$1427 06.

The products of the Farm have been estimated as follows:—39 wagon loads of hay, 88½ bushels of wheat, 350 bushels of potatoes, 150 bushels of turnips, 300 bushels of corn in the ear, 2560 lbs. of pork. An abundant supply of garden vegetables, and of cream and milk for the supply of the house; and a partial supply of butter. Products of the farm, &c., have been sold amounting to \$236 54.

The Managers continue to be deeply impressed with the importance of rendering the Asylum, in all respects, adapted to promote the comfort and well being of the patients; and as far as human means can avail, to aid in restoring them to health.

Every year improvements in the buildings and on the premises, are suggested, a number of which have been made during the past year; all designed to aid in accomplishing this object.

In such an Institution as ours, fitted for the comfortable accommodation of from sixty to sixty-five patients; where ample arrangements and facilities exist for medical and moral treatment, the opportunity for frequent exercise in the open air, and for employment on a farm and garden, combined with the varied in-door amusements and occupations, it may readily be perceived by the relatives and friends of patients, what advantages are enjoyed.

A committee of the Board of Managers visit the Asylum every week, go through the buildings and premises, and generally see every patient that is not absent in the daily walks or carriage excursions in the neighbourhood.

With the co-operation of the officers of the Institution, the Board believe they are thus enabled to secure to the patients that watchful supervision, and that unremitting kindness, and care which distinguish the present enlightened system for the treatment of the Insane.

Whilst means are thus abundantly provided in this and other similar Institutions, the Managers would impress upon the attention of the friends of patients, how important it is for the latter, that should application be made for their admission early, whilst the disease is

curable, instead of deferring it until it assumes a chronic form.

Referring to the accompanying Report of the Superintendent for more particular information in regard to the patients, and the means which have been, in many instances, successfully employed in promoting their recovery, the Managers gratefully acknowledge the many mercies extended by a Beneficent Providence over the Institution under their care.

*Philadelphia, Third month, 1851.*

# REPORT OF DR. JOSHUA H. WORTHINGTON, SUPERINTENDENT.

## TO THE MANAGERS OF THE ASYLUM :

The period has arrived, in which it becomes the duty of the Superintendent under the rules of the Institution, to present to the Board of Managers, his annual report. The following statement of the condition of the Asylum during the past year, has accordingly been prepared.

There were remaining in the Asylum Third month 1st, 1850, forty-eight patients, and twenty have been admitted since, making sixty-eight who have received the benefits of the Institution during the year.

The subjoined tables, which have been carefully prepared, present the usual statistical information respecting the cases which have been under care.

| No.  | Age. | Men. | Women. | Single. | Married.   | DURATION  | FORM.       | SUPPOSED CAUSE.       | CONDITION OR EVENT. |
|------|------|------|--------|---------|------------|-----------|-------------|-----------------------|---------------------|
| 167  |      |      | 1      | 1       |            | 35 years. | Dementia.   | Constitutional.       | Stationary          |
| 250  | 1    |      |        | 1       |            | 31 "      | Idiocy.     | Unknown.              | "                   |
| 374  | 1    |      |        |         | 134        | "         | Mania.      | Constitutional.       | "                   |
| 471  | 1    |      |        |         | 141        | "         | "           | Anxiety ab't religion | "                   |
| 541  | 1    |      |        | 1       | 21         | "         | Idiocy.     | Constitutional.       | "                   |
| 649  | 1    |      |        | *1      | 18         | "         | Dementia.   | Grief.                | "                   |
| 764  | 1    |      |        | 1       |            | Life.     | Imbecility. | Congenital.           | "                   |
| 862  | 1    |      |        |         | 123 years. |           | Dementia.   | Intemperance.         | "                   |
| 932  |      | 1    | 1      |         | 16         | "         | "           | Constitutional.       | "                   |
| 1041 |      |      | 1      | *1      | 19         | "         | "           | Grief.                | "                   |
| 1138 | 1    |      |        | 1       |            | Life.     | Imbecility. | Congenital.           | "                   |
| 1238 | 1    |      |        | 1       |            | 21 "      | Dementia.   | Epilepsy.             | "                   |
| 1355 | 1    |      |        | 1       |            | 16 "      | Mania.      | Constitutional.       | "                   |
| 1434 |      | 1    | 1      |         |            | 12 "      | Dementia.   | "                     | "                   |
| 1543 |      |      | 1      |         | 115 years. |           | Imbecility. | "                     | "                   |
| 1631 | 1    |      |        | 1       |            | 16 "      | Dementia.   | Epilepsy.             | "                   |
| 1742 | 1    |      |        | 1       |            | 10 "      | Mania.      | Constitutional.       | "                   |
| 1842 |      | 1    | 1      |         |            | 8 "       | "           | Domestic trouble.     | Rest'd to u. h.     |
| 1962 |      |      | 1      | 1       |            | 42 "      | "           | Constitutional.       | Stationary.         |
| 2033 | 1    |      |        | 1       |            | 19 "      | Dementia.   | "                     | "                   |
| 2158 |      |      | 1      | *1      |            | 9 "       | Mania.      | Domestic trouble.     | "                   |
| 2272 |      | 1    | 1      |         |            | 54 "      | "           | Constitutional.       | "                   |
| 2329 |      | 1    | 1      |         |            | 14 "      | Dementia.   | "                     | "                   |
| 2451 |      | 1    | 1      |         |            | 8 "       | "           | Unknown.              | "                   |

Widows and Widowers, are denoted thus \*.

| No. | Age. | Men. | Women. | Single. | Married. | DURATION  | FORM.        | SUPPOSED CAUSE.      | CONDITION OR EVENT. |
|-----|------|------|--------|---------|----------|-----------|--------------|----------------------|---------------------|
| 25  | 27   |      | 1      | 1       |          | 7 years.  | Dementia.    | Disappo'd affection. | Stationary          |
| 26  | 32   |      | 1      | 1       |          | 3 "       | Mania.       | Ill health.          | "                   |
| 27  | 48   |      | 1      |         | 1        | 5 "       | "            | Unknown.             | "                   |
| 28  | 25   | 1    |        | 1       |          | 5 "       | "            | "                    | "                   |
| 29  | 24   | 1    |        | 1       |          | Life.     | Imbecility.  | Congenital.          | "                   |
| 30  | 38   | 1    |        | 1       |          | 31 years. | Dementia.    | Epilepsy.            | "                   |
| 31  | 24   | 1    |        | 1       |          | 2 "       | Mania.       | Meningitis.          | Improved.           |
| 32  | 57   |      | 1      | 1       |          | 2 "       | Monomania.   | Ill health.          | Stationary          |
| 33  | 32   |      | 1      | 1       |          | 12 "      | Dementia.    | Disappo'd affection. | "                   |
| 34  | 29   |      | 1      | 1       |          | 2 "       | Mania.       | Constitutional.      | Rest'd to u. h.     |
| 35  | 43   |      | 1      | 1       |          | 21 "      | Dementia.    | Disappo'd affection. | Stationary.         |
| 36  | 26   | 1    |        | 1       |          | 3 "       | Mania.       | Unknown.             | Restored.           |
| 37  | 58   | 1    |        |         | 1        | 8 "       | "            | Epilepsy.            | Improved            |
| 38  | 66   | 1    |        |         | 1        | 3 "       | Dementia.    | Fever.               | M. imp'd.           |
| 39  | 58   | 1    |        |         |          | 3 "       | "            | Loss of property.    | Died.               |
| 40  | 67   |      | 1      | 1       |          | 8 months. | Mania.       | Fear of Cholera.     | "                   |
| 41  | 21   |      | 1      |         | 1        | 8 "       | "            | Remittent Fever.     | Stationary          |
| 42  | 20   |      | 1      | 1       |          | 8 "       | "            | Unknown.             | Restored.           |
| 43  | 75   |      | 1      | 1       |          | 9 "       | "            | Abuse of Opium.      | "                   |
| 44  | 56   |      | 1      | *1      |          | 18 "      | Melancholia. | Constitutional.      | Improved.           |
| 45  | 26   |      | 1      | 1       |          | 10 "      | Mania.       | Ill health.          | Restored.           |
| 46  | 46   | 1    |        | 1       |          | 3 years.  | "            | Constitutional.      | Improved.           |
| 47  | 27   | 1    |        |         | 1        | 2 "       | "            | Unknown.             | Stationary.         |
| 48  | 28   | 1    |        | 1       |          | 3 months. | "            | Constitutional.      | Rest'd to u. h.     |
| 49  | 27   | 1    |        |         | 1        | 6 "       | "            | Unknown.             | Stationary.         |
| 50  | 23   |      | 1      | 1       |          | 9 "       | "            | Meningitis.          | "                   |
| 51  | 26   |      | 1      |         | 1        | 14 "      | Monomania.   | Ill health.          | Restored.           |
| 52  | 52   |      | 1      | 1       |          | 6 weeks.  | Melancholia. | Use of Tobacco.      | "                   |
| 53  | 54   | 1    |        |         | 1        | 11 month. | "            | Loss of property.    | Improved.           |
| 54  | 28   | 1    |        | 1       |          | 18 "      | Mania.       | Unknown.             | Stationary.         |
| 55  | 57   |      | 1      | 1       |          | 2 years.  | Monomania.   | Ill health.          | "                   |
| 56  | 22   |      | 1      | 1       |          | 3 "       | Mania.       | Fright.              | "                   |
| 57  | 72   |      | 1      | 1       |          | 2 "       | "            | Constitutional.      | "                   |
| 58  | 39   |      | 1      | 1       |          | 17 "      | Dementia.    | Apoplexy.            | "                   |
| 59  | 40   | 1    |        | 1       |          | 2 week.   | Mania.       | Intemperance.        | Restored.           |
| 60  | 23   |      | 1      |         |          | 11 month. | "            | Puerperal.           | "                   |
| 61  | 24   |      | 1      |         |          | 12 weeks. | "            | "                    | "                   |
| 62  | 60   | 1    |        | 1       |          | 20 years. | Dementia.    | Unknown.             | Stationary          |
| 63  | 51   |      | 1      | 1       |          | 1 day.    | Mania.       | Constitutional.      | Rest'd to u. h.     |
| 64  | 52   |      | 1      | *1      |          | 6 weeks.  | "            | Ill health.          | Restored.           |
| 65  | 45   |      | 1      | *1      |          | 7 months. | "            | Unknown.             | M. imp'd.           |
| 66  | 54   |      | 1      | 1       |          | 1 month.  | Melancholia. | Constitutional.      | Stationary.         |
| 67  | 51   |      | 1      | 1       |          | 1 day.    | Mania.       | "                    | Rest'd to u. h.     |
| 68  | 76   |      | 1      |         | 1        | 12 weeks. | "            | Paralysis.           | M. imp'd.           |

\* Widowers and Widows.

Monthly average 45 and 3-12ths.

## SEX AND CIVIL STATE.

|               | Admitted this year. | Admitted previously. | Total. |
|---------------|---------------------|----------------------|--------|
| Men, Single   | 3                   | 16                   | 19     |
| “ Married     | 2                   | 6                    | 8      |
| “ Widowers    | 0                   | 1                    | 1      |
| Women, Single | 9                   | 19                   | 28     |
| “ Married     | 4                   | 3                    | 7      |
| “ Widows      | 2                   | 3                    | 5      |
|               | —                   | —                    | —      |
|               | 20                  | 48                   | 68,    |

|                             |   |   |   |   |      |
|-----------------------------|---|---|---|---|------|
| <i>Age.</i> —Under 20 years | . | . | . | . | 1    |
| From 20 to 30 years,        | . | . | . | . | 18   |
| “ 30 “ 40 “                 | . | . | . | . | 10   |
| “ 40 “ 50 “                 | . | . | . | . | 11   |
| “ 50 “ 60 “                 | . | . | . | . | 15   |
| “ 60 “ 70 “                 | . | . | . | . | 7    |
| “ 70 “ 80 “                 | . | . | . | . | 6—68 |

## DURATION.

|                    | Admit'd this year. | Admit'd previously. | Total |
|--------------------|--------------------|---------------------|-------|
| Less than 1 year,  | 15                 | 5                   | 20    |
| From 1 to 5 years, | 3                  | 11                  | 14    |
| “ 5 “ 10 “         | 0                  | 7                   | 7     |
| “ 10 “ 20 “        | 2                  | 11                  | 13    |
| “ 20 “ 30 “        | 0                  | 4                   | 4     |
| More than 30 “     | 0                  | 7                   | 7     |
| Life,              | 0                  | 3                   | 3     |
|                    | —                  | —                   | —     |
|                    | 20                 | 48                  | 68    |

## FORM OF INSANITY.

|              | Admit'd this year. | Admit'd previously. | Total. |
|--------------|--------------------|---------------------|--------|
| Mania,       | 13                 | 23                  | 36     |
| Monomania,   | 2                  | 1                   | 3      |
| Melancholia, | 3                  | 1                   | 4      |
| Dementia,    | 1                  | 17                  | 18     |
| Imbecility,  | 1                  | 4                   | 5      |
| Idiocy,      | 0                  | 2                   | 2      |
|              | —                  | —                   | —      |
|              | 20                 | 48                  | 68     |

Table showing the age on admission, and the age at the time of the first attack of insanity, in twenty patients admitted during the year.

|                      |    | Under 20 | 20 to 30 | 30 to 40 | 40 to 50 | 50 to 60 | 60 to 70 | 70 to 80 | Total |
|----------------------|----|----------|----------|----------|----------|----------|----------|----------|-------|
| Age on admission.    | M. | 0        | 2        | 0        | 1        | 1        | 1        | 0        | 5     |
|                      | W. | 0        | 5        | 1        | 1        | 6        | 0        | 2        | 15    |
| Age at first attack. | M. | 0        | 2        | 0        | 2        | 1        | 0        | 0        | 5     |
|                      | W. | 2        | 4        | 2        | 5        | 0        | 0        | 2        | 15    |

## CLASSIFICATION.

Of the sixty-eight patients who have been under care, thirty-three have been the subjects of special medical and moral treatment. They are classified according to the duration of the disease, as follows.

## FIRST CLASS.

|                                                             |     |
|-------------------------------------------------------------|-----|
| Cases of less than three months duration, and first attack, | 3   |
| Restored, . . . . .                                         | 1   |
| Much improved, . . . . .                                    | 2—3 |

|                                                        |     |
|--------------------------------------------------------|-----|
| Less than three months duration, and not first attack, | 8   |
| Restored, . . . . .                                    | 7   |
| Improved, . . . . .                                    | 1—8 |

## SECOND CLASS.

|                                                          |     |
|----------------------------------------------------------|-----|
| Of more than three and less than twelve months duration, | 9   |
| Restored, . . . . .                                      | 5   |
| Much improved, . . . . .                                 | 1   |
| Improved, . . . . .                                      | 1   |
| Stationary, . . . . .                                    | 2—9 |

## THIRD CLASS.

|                                           |     |
|-------------------------------------------|-----|
| From one to two years duration, . . . . . | 2   |
| Improved, . . . . .                       | 1   |
| Stationary, . . . . .                     | 1—2 |

## FOURTH CLASS.

|                                            |      |
|--------------------------------------------|------|
| Of more than two years duration, . . . . . | 11   |
| Restored, . . . . .                        | 3    |
| Much improved, . . . . .                   | 1    |
| Improved, . . . . .                        | 3    |
| Stationary, . . . . .                      | 4—11 |

## RECAPITULATION.

|                                                      |       |
|------------------------------------------------------|-------|
| Number of patients, third month 1st, 1850, . . . . . | 48    |
| Received since, . . . . .                            | 20—68 |
| Discharged or died, . . . . .                        | 25    |
| Remaining, . . . . .                                 | 43—68 |

Of the twenty-five patients discharged, there were

|                          |      |
|--------------------------|------|
| Restored, . . . . .      | 12   |
| Much improved, . . . . . | 1    |
| Improved, . . . . .      | 3    |
| Stationary, . . . . .    | 7    |
| Died, . . . . .          | 2—25 |

Of the forty-three patients remaining, there are

|                          |       |
|--------------------------|-------|
| Restored, . . . . .      | 3     |
| Much improved, . . . . . | 1     |
| Improved, . . . . .      | 5     |
| Stationary, . . . . .    | 34—43 |

Of the twelve patients discharged restored, seven were under care not exceeding three months; one from three to six months; two from six to twelve months; and two for more than twelve months. Of those discharged not restored, two were under treatment not exceeding three months; two from three to six months; four from six months to a year; and five for more than one year. Among those who left the Institution not restored, we have to report two cases in which there was reason to believe, the patients would have recovered, had not the treatment been interrupted by their removal.

Considering insanity as a physical disease, we mean by the term "restored," that the disorder in which the deranged manifestations of intellect originated, whether of the brain directly, or by sympathy with some other organ, has been removed, and the mind has consequently returned to the condition natural to it in a healthy state of the system. When, however, patients have been noted for any striking peculiarities of manners or conduct, previous to the attack of insanity, and the mind has been restored to its original condition,—or being subject to a paroxysmal form of the disease, they have become calm and rational, so as to be able to return to their families or friends, they are considered as "restored to usual health," and are so reported in the tabular statement. "Much improved," signifies that they are so far restored to the use of reason, as to be able to leave the Institution without risk, but that there is reason to doubt their entire recovery. By "improved" we mean, that there has been considerable change for the better in the habits and general condition, while the disorder of the intellect still remains apparent.

About one half of all the cases discharged "restored," leave

the Institution at or before the expiration of three months residence ; yet I am convinced, that in many if not in most of these cases, this is too short a time for the patient to receive all the benefits that the Institution is capable of conferring.

It is scarcely reasonable to expect, that so sensitive an organ as the brain, especially after having suffered from disease, should be able on the first resumption of healthy action, to bear with impunity the excitement to which it must necessarily be subjected, upon the return of the patient to his accustomed scenes and occupations ; when in convalescence from diseases of the lungs or stomach, the importance is admitted of carefully protecting them from causes of disturbance, until time is allowed for the cure to be fully established. Yet it is often extremely difficult to convince the friends of patients, when they find they have become calm and rational, and their delusions have vanished, and they manifest a natural interest in their families and affairs, that there can be any risk in leaving the Institution. Under these circumstances, when the advice of the physicians is disregarded, and the patient removed, a relapse not unfrequently ensues ; and in some cases, though this does not take place, the brain remains in a state of irritability, which renders the individual liable to renewed attacks,—it may be for the remainder of life. It is in this way that the large proportion of readmissions in most of our Institutions for the insane may be, in part, accounted for. In general, the time required for the cure of any case of insanity, will depend on the promptness or delay with which the patient is submitted to proper treatment ; the earlier the treatment is commenced, the more speedy will be the recovery,—and the reverse. We occasionally, however, meet with cases of long duration, in which the condition of the patient has been much neglected, or where the disease may have been kept up by improper treatment, which recover rapidly when placed under different circumstances. An instance of this kind, was that of a young man from one of the interior counties of this state, who was discharged during the last year. He had been insane for two years previous to his admission, and

at the commencement of the attack had attempted to take his own life by leaping into a well, and afterwards had been kept bound with chains. Under our care he recovered in the course of a few months; and during the period of nearly a year that has elapsed since his return home, he has continued entirely well, and been usefully employed in the management of a farm.

Our inmates have enjoyed a general exemption from epidemic and other diseases of a serious nature; especially from those chronic affections to which the old residents of Asylums are usually liable. By reference to the table exhibiting the ages of patients it will be seen, that there are amongst them a considerable proportion of elderly and aged persons, many of whom have resided here for a long time, and the general immunity from disease enjoyed by this class, may be taken as an indication of the healthiness of the establishment. Of the two deaths reported, one was that of a man aged 58 years, who had resided less than eighteen months in the Asylum, and during this time had presented symptoms of organic disease of the brain and kidneys. He died of apoplexy. The other case, was that of a woman 67 years of age, who had been about six months under our care, and recovered the use of her reason. While awaiting the request of her friends for her discharge, she was seized with the attack of bronchitis which terminated her life.

*Curability of Insanity.*—The experience derived from all Institutions for the Insane, shows that by far the greater proportion of cures are effected, in the early stages of the disorder affecting the manifestations of mind; and the opinion seems at one time to have been entertained, that every case which was certainly of less than one year's duration, might be restored by proper treatment. There are cases, however, of which the incurable character may be said to be fixed from the commencement of the attack. Such are those which have their origin from structural disease of the brain or its membranes, the result of inflammation; and those which are complicated with general paralysis. Other cases occasionally occur, produced by insolation; by blows upon the head; or by violent moral

emotions; such as fear, or intense grief, which may be placed in the same category. This class of cases will always prevent the maximum of 100 per cent of cures being reached in any collection of recent cases, which may be presented for treatment. This rate, however, may be very nearly approximated, in Institutions where the power of selecting cases, leaves the physician at liberty to receive those in preference, which promise the most favorable results, and where he is free to pursue his treatment, until he is satisfied of its ultimate effects. In this Institution, with the reception of all classes, and the disadvantage of premature removals, the per centage of cures of recent cases, since 1842, is 72.25, there having been received since that time, 191 cases of that description, of which 138 have been restored. If to this we add 10 per cent., as the probable loss sustained by premature removals, we will have 82.25 per cent., which may be considered as nearly representing the proportion in which recent cases of insanity are curable. During the same period, 121 chronic cases have been admitted, 24 only of which, or 19.83 per cent., have been restored; the proportion of cures on the whole number received within that period, being 51.92. The per centage of cures of chronic cases here reported, must not, however, be considered as representing truly the probabilities of cure, in cases in which hope has not been altogether abandoned. It must be remembered, that all the hopeless cases of every description of more than one year's duration, which enter the Institution, are included in this estimate, and that they will necessarily reduce the proportion of cures much below what it would be, were no cases taken account of, but those in which there remained *some probability of a recovery*.

*Moral treatment.*—The benevolent system of treatment, which marks the modern era in the history of insanity, has been so frequently described or adverted to in the previous reports of the Asylum, that it would seem scarcely necessary at the present time, to enter into any details respecting it; but when it is considered, that only a very small proportion of all the insane in our

country are receiving the benefits of this system, it seems proper that no suitable means, however limited, should be neglected of spreading correct information upon the subject. One of the great aims to be kept in view in the management of the insane in public Institutions, is to convince them, that those to whose care they are entrusted, are solicitous to do every thing in their power which may contribute to their relief; and that they are placed under the circumstances best calculated to promote their comfort, and restore them to health of body and mind. These endeavours, when properly persevered in, generally prove successful, and as reason returns, feelings of grateful attachment arise towards those who have been instrumental in their recovery. When the use of their reason cannot be sufficiently restored for them to enter again upon their former pursuits, or to encounter the excitements of every-day life, they will thus frequently be brought to regard the Institutions in which they reside, as real Asylums, in which they meet with the protection and sympathy they require, and which they might seek for elsewhere without avail. It is by this means, that good order and contentment generally prevail among our inmates, and the enjoyments and blessings of life are shared by this afflicted class of our fellow-beings, to a much greater extent than is generally supposed by those who are unacquainted with the management of such Institutions. Of the incurable insane, the greater part may be said to have but few desires beyond the gratification of their daily wants; when these are supplied, they are contented, and comparatively happy. Most of them are pleased and grateful for any friendly notice or attention, while the number which is inaccessible to the influence of kindness is indeed small. Among the curable class, we occasionally find some who, for a time, are unable to comprehend the reason of their confinement; but the greater number, if brought to the Institution after having the object in view fully explained to them, acquiesce in the propriety of the measure, are satisfied during the period of separation from their families and friends, and pass the time in pleasing anticipation of their recovery.

The moral treatment of Insanity, besides the restrictions which a residence in a large family necessarily imposes, comprises all the varied means which are employed for occupying the mind and body, for promoting cheerfulness and contentment, and recalling natural and healthy trains of thought. At the head of these means, manual labour, or any useful occupation in which the mind of the patient can be interested, stands as the most beneficial. Exercise in riding or walking, visiting interesting objects in the neighbourhood, the use of the Library and Museum, Lectures, Exhibitions with the Magic Lantern, neatly furnished apartments, ornamental grounds, the regulated visits of friends, &c., are among the means which continue to be used in the moral treatment of our patients, with the success that has heretofore attended them. We have an attendant for each six patients, whose special business it is, to instruct and assist them in such employment as seems to be best suited to their abilities, and to accompany them in excursions for recreation and exercise. The male attendant selects all the patients from among the men, who are capable of labour, and spends two or three hours every morning with them, in work upon the grounds or farm. When the weather prevents their going out, they find employment in the house, in washing and picking hair for mattresses—in preparing the materials and making brooms, or in work in the carpenter's shop. The female convalescent patients spend their mornings in walking, or amuse themselves at the Library. Under the care of their attendant, they pass a portion of their time daily in plain sewing,\* dress-making or fancy work. The carriage goes out daily in suitable weather, with a party of men in the morning, and females in the afternoon; and the Circular Railroad is in frequent requisition by nearly all classes of our patients. In the afternoon, the attendant having charge of the convalescent male patients, spends the time with them at the Library, and in pedestrian excursions

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\* An account has been kept of a variety of useful articles. 383 in number, made by the patients and their attendant.

through the neighbourhood. Other attendants take out a party of eight or ten, mostly of the demented class, for pumping—which occupies about an hour each afternoon; after which they generally spend the time in walking, or in exercise in the Railroad car. Pumping, by turning a crank and balance wheel, is a kind of exercise which is exceedingly well adapted to this class of patients, and in some cases of mischievous excitement; it has been the means of restoring the patients to orderly and quiet habits, after all endeavours to induce them to engage in other kinds of employment had failed. The incurable class of female patients are also taken out by their attendants daily, in fine weather, for the advantage of air and exercise; and all the attendants are required for their own benefit, as well as that of their respective charges, to spend all the time they can spare from the wings, with their patients out of doors, in some kind of employment or exercise. The lectures, and exhibitions with the Magic Lantern, have been continued as heretofore, on one evening of each week during the winter. We have lately procured a neat collection of pictures for the lantern, the gift of a patient about leaving the Institution. They represent views of celebrated places, and with the apparatus which is in preparation for producing dissolving views, will be a valuable contribution to our evening entertainments.

*Improvements and repairs.*—The current expenses of the Institution for the year, have been considerably increased by necessary repairs and improvements, and much work of this kind has been done by our own carpenter at a small outlay. The wooden fence around the lawn in front of the house, has been removed, and its place supplied by a new one made of wire, which adds much to the neat appearance of the grounds. New bedsteads have been procured for all the rooms, in the wards occupied by the convalescent class of patients. One of the day-rooms has required a new floor, and all the floors and bedsteads in both lodges have been thoroughly painted. Several of the day-rooms have been papered and painted; a number of the rooms occupied by patients have been supplied with new

furniture, and all the chairs and settees which had become defaced by long usage, have been repaired and painted. The old pump for supplying the house with water, has been replaced by a new one; and to make the connexion between the pump and the reservoirs, 300 feet of cast-iron, and 360 feet of lead pipe, have been laid. The reservoirs have a capacity of 3600 gallons; and as they are all connected, so that the whole supply can be made available at any point, and are replenished daily, a deficiency in any part of the house is scarcely to be apprehended. A new cast-iron furnace for warming part of the East Lodge has been put up, and surrounded by an air chamber,  $4\frac{1}{2}$  by  $10\frac{1}{2}$  feet, having large openings for the ingress of cold and the egress of heated air; and communicating with a cold air chamber, which receives the fresh air from the outside of the building. Two furnaces, which have recently been erected for warming the long halls in each wing, are upon the same plan; and the openings for the escape of the heated air having been enlarged during the past season, they deliver into the halls a large supply of pure air, warmed to the proper temperature, and are thus efficient aids to ventilation. All the halls and chambers occupied by patients, are now warmed by furnaces of this improved construction, except those in the West Lodge.

A yard for the separate use of the worst class of male patients, 64 by 58 feet, has been enclosed with a neat board fence; and a staircase and passage leading thereto, have been made through the basement of the lodge. We have now four divisions or wards on each side of the house for the same number of classes, into which the patients of each sex are divided, viz: the first for the quiet curable and convalescent; the second for the noisy and excited curable; the third for the quiet incurable; and the fourth for the worst class of incurable patients.

*Attendants.*—It is gratifying to be able to state, that a good degree of harmony prevails throughout the establishment, and that the attendants generally have performed the duties devolving upon them in a satisfactory manner. These duties are

highly responsible, and often of a nature calculated to test the endurance, both of mind and body; and the cheerfulness with which they have been performed on most occasions, may be considered as good evidence of the benevolent spirit in which they were undertaken. Indeed, the situation of attendant upon the insane can only be entered upon properly in this spirit; and such as are unwilling to sacrifice considerations of personal ease and convenience, for the sake of doing good, cannot expect to make themselves useful therein.

Those who are really endeavouring faithfully to discharge these duties, have their own reward, and are entitled to the respect and sympathy of every friend of the insane. It is our object to select for such situations, none but the humane and intelligent; and such, if they are willing to devote themselves fully to the work before them, generally succeed in acquiring such knowledge, as makes them desirable attendants. They thus not only render themselves useful in their present vocation, but are preparing for future success in life; and we can refer with pleasure to some who were formerly employed here, who are now filling with credit, stations of increased responsibility elsewhere.

*Conclusion.*—The evidences of friendly remembrance which we continue to receive, especially from those who have formerly been under the care of the Institution as patients, are grateful and encouraging. To the friends who have favoured us with donations, such as books, pictures, &c., for the entertainment of our patients, (among which may be mentioned some beautiful specimens of minerals for the cabinet, and a pair of Smith's large views of Philadelphia,) our thanks are especially due. I desire also to express my thanks to those who are associated with me in the management of the Asylum, for ready and active co-operation in the duties devolving upon us, and to the members of your board, for their kind and attentive consideration of the various measures proposed for their adoption, as well as for friendly suggestions and advice given on different occasions.

In conclusion I would express the hope, that He who has heretofore watched over the Institution with providential care and regard, may continue to bless the means used in behalf of those committed to its care, and make it the source of extended usefulness to the afflicted class for whose relief it has been provided.

J. H. WORTHINGTON.

*Asylum, near Frankford, Third month 1st, 1851.*

*The Accounts of the Contributors to the Asylum, &c., from*  
DEBITS.

|                                           |            |                 |           |
|-------------------------------------------|------------|-----------------|-----------|
| <i>Salaries and Wages—</i>                |            |                 |           |
| Paid this year,                           | . . . . .  | \$ 3678         | 49        |
| <i>Farm and Family Expenses—</i>          |            |                 |           |
| Paid this year,                           | . . . . .  | 6742            | 10        |
| <i>Medical Department—</i>                |            |                 |           |
| Paid this year,                           | . . . . .  | 1104            | 22        |
| <i>Incidental Expenses—</i>               |            |                 |           |
| Paid this year,                           | . . . . .  | 169             | 38        |
| <i>Annuities—</i>                         |            |                 |           |
| Paid this year,                           | . . . . .  | 318             | 10        |
| <i>Beulah Sansom's Legacy—</i>            |            |                 |           |
| Appropriated this year,                   | . . . . .  | 8               | 62        |
| Investment in City Loan,                  | . . . . .  | 612             |           |
| <i>Balance, viz:</i>                      |            |                 |           |
| Due from Sureties of Patients,            | . \$967.75 |                 |           |
| In hands of Steward,                      | . . 500.00 |                 |           |
| do. Treasurer for Beulah Sansom's Legacy, | 95 96      |                 |           |
| Less due him for general purposes,        | 89 57      |                 |           |
|                                           | 6 39       |                 |           |
|                                           |            | 1474            | 14        |
|                                           |            | <b>\$14.107</b> | <b>05</b> |

*Third month 1st, 1850, to Third month 1st, 1851.*

CREDITS.

|                                                                             |           |           |    |
|-----------------------------------------------------------------------------|-----------|-----------|----|
| <i>Balance last year, viz:</i>                                              |           |           |    |
| Due from Sureties of Patients, . . .                                        | \$ 927.17 |           |    |
| In hands of Superintendent, . . .                                           | 500.00    |           |    |
| do. Treasurer for general purposes, . . . . .                               | 900.40    |           |    |
| do. do. Beulah Sansom's Legacy, . . . . .                                   | 104.58    |           |    |
|                                                                             |           | \$ 2432   | 15 |
| <i>Board of Patients—</i>                                                   |           |           |    |
| Amount charged this year, . . . . .                                         |           | 9134      | 36 |
| <i>Damages done by Patients—</i>                                            |           |           |    |
| Amount charged this year, . . . . .                                         |           | 44        | 71 |
| <i>Interest Account—</i>                                                    |           |           |    |
| Received this year, . . . . .                                               | \$ 657.76 |           |    |
| Ground Rent do. . . . .                                                     | 44.40     |           |    |
|                                                                             |           | 702       | 16 |
| Life Contributions, . . . . .                                               |           | 650       | 00 |
| Donations, . . . . .                                                        |           | 4         | 00 |
| Loan paid in, . . . . .                                                     |           | 600       | 00 |
| Sale of City Loan, . . . . .                                                |           | 513       | 75 |
| <i>Suspense Account,</i>                                                    |           |           |    |
| Received for a doubtful debt, which had been charged to this account, . . . |           | 25        | 92 |
|                                                                             |           | \$ 14.107 | 05 |

# OFFICERS AND MANAGERS.

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CLERK OF THE CONTRIBUTORS,

William Bettle, No. 244 North Sixth Street.

TREASURER,

Horatio C. Wood, No. 210 Race Street.

CLERK OF THE BOARD OF MANAGERS,

Charles Ellis, No. 95 South Eighth Street.

SUPERINTENDENT,

Dr. Joshua H. Worthington.

ATTENDING PHYSICIAN,

Dr. Charles Evans, No. 182 Arch Street.

STEWARD,—William Birdsall.

MATRON,—Mary D. Birdsall.

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## MANAGERS.

William Hilles,  
George R. Smith,  
George G. Williams,  
Samuel Bettle, Jr.  
John Elliott,  
James R. Greeves,  
Charles Ellis,  
Jeremiah Hacker,  
Benjamin H. Warder,  
William Kinsey,

William Bettle,  
James Thorp,  
Horatio C. Wood,  
John C. Allen,  
William Thomas,  
John Carter,  
Townsend Sharpless,  
John M. Whitall,  
Thomas Evans,  
Benjamin Davis.

## COMMITTEE ON ADMISSIONS.

Samuel Bettle, Jr., No. 101 North Tenth Street.

Charles Ellis, No. 95 South Eighth Street, and No. 56 Chestnut Street.

William Bettle, No. 244 North Sixth Street, and No. 14 South Third Street.

John C. Allen, No. 179 South Fifth Street.

Horatio C. Wood, No. 210 Race Street, and No. 37 Chestnut St.

William Thomas, No. 242 North Fifth Street, and No. 49 South Wharves.

Townsend Sharpless, No. 187 Arch Street, and No. 32 South Second Street.

# EXTRACT FROM THE "RULES FOR THE MANAGEMENT OF THE ASYLUM."

## OF THE ADMISSION OF PATIENTS.

When application for the admission of a patient is made, a Certificate from a Physician shall be submitted to the Committee on Admissions, giving a statement of the case according to the form, and in reply to the questions subjoined, accompanied by a request signed by one or more near relatives or friends of the patient, stating their desire to have him or her admitted, and certifying that he or she is insane.

## FORM OF PHYSICIAN'S CERTIFICATE.

I **HEREBY CERTIFY**, from my own knowledge, having examined  
 on the \_\_\_\_\_, that \_\_\_\_\_ of \_\_\_\_\_,  
 aged \_\_\_\_\_ years, is in a state of insanity, and proper to be received into a house provided for the relief of persons of that description.

I further certify, that the Answers annexed to the following Questions are correct, as far as I can judge.

18

*Physician.*

*A thorough knowledge of the history of cases of Insanity being important to those concerned in their treatment, the friends of pati-*

*ents applying for admission into the Asylum, are particularly requested, with the aid of the Physician, to furnish full and explicit Answers to the following*

### QUESTIONS.

1. Is the patient single or married? What has been the patient's occupation?

*Answer.*

2. What is supposed to be the cause of this attack of insanity?—When and how did it first show itself?

*Answer.*

3. On what subjects, or in what way is derangement *now* manifested? Have there been any fixed delusions? Is the patient rational at intervals?

*Answer.*

4. What has been the duration of the present attack? Have there been one or more previous attacks, and if so, of what duration and at what age?

*Answer.*

5. What relatives of the patient, including grand-parents and their descendants, have been insane?

*Answer.*

6. Had the patient previously been subject to Epilepsy, diseases of the skin, discharges or sores, or any other bodily disease; or, had he or she received any injury of the head?

*Answer.*

7. What derangement of the general health has accompanied the mental disorder?

*Answer.*

8. Was the patient noted for any eccentricity or peculiarity of temper, habits, disposition or pursuits?

*Answer.*

9. Is the patient noisy or violent, or disposed to injure him or herself or others? If so, in what manner?

*Answer.*

10. Has the patient ever attempted suicide? If so, in what way? Is there *now* any propensity of the kind?

*Answer.*

11. Is the patient addicted to any mischievous practices, such as destroying clothing, breaking glass, furniture, &c.? What are the habits as regards eating, sleeping, and cleanliness?

*Answer.*

12. Has the patient been addicted to the use of ardent spirits, tobacco, opium, or any other stimulants?

*Answer.*

13. Has restraint or confinement been employed; if so, of what kind and how long continued?

*Answer.*

14. State the general course of medical and moral treatment which has been pursued, and the effects observed therefrom?

*Answer.*

Please mention any other circumstances which may serve to throw light on the case.

~~~~~  
Previous to or on the admission of such patient, the following bond shall be signed by two persons, as sureties, (one of whom must reside in or near Philadelphia,) for the regular payment of such board as may be agreed upon by the Committee on Admissions.

~~~~~  
**FORM OF BOND.**

**APPLICATION** is hereby made for the admission of  
as a patient into the Asylum for the relief of persons deprived of the  
use of their reason; upon whose admission, we severally engage to  
provide a sufficiency of suitable clothing for                      use whilst  
there; to pay to                      Steward of said Institution, or to his  
assigns or successor in office,                      dollars per week, for                      board;  
and not less than four weeks' board to be paid under any circum-  
stances; the said charge for board to be continued until                      shall  
be regularly discharged; and to make compensation for all damages  
done by                      to the glass, bedding, or furniture, and to cause                      to  
be removed when discharged;—but if taken away *uncured*, against  
the advice and consent of the Superintendent before the expiration  
of three calendar months, to pay board for thirteen weeks.

Witness our hands and seals, this                      day of                      A. D. 18

WITNESS.

(L. s.)

(L. s.)

The foregoing preliminaries having been complied with, an order is given by the Committee on Admissions, authorizing the Superintendent of the Asylum to receive the patient.

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## OF THE VISITERS TO THE ASYLUM.

When near relations or particular friends of patients, desire to be admitted to see their connexions, application must be made to the Superintendent; or in his absence, to the Steward, who may allow such visits, when circumstances will admit.

As the general admission of visitors would be improper and injurious to the patients, no persons, except as above, shall be admitted to the apartments occupied by patients, unless introduced by a Manager; but on application to the Superintendent, they may be shown such parts of the building and appendages as are not so occupied.

In order to preserve quiet on the first-day of the week, visiting on any account on that day, either in the house or on the premises, will not be permitted, unless under very peculiar circumstances.

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## ANNUITIES.

A mode of obtaining contributions by annuities, not much known amongst us, but familiar to Friends in England, has been agreed on by the Contributors. On paying any sum of money to the Treasurer, for the use of the Institution, interest of six per cent. thereon, is annually to be paid to the annuitant; at whose decease the interest money ceases, and the principal remains the property of the Asylum. This mode will probably be convenient to many who are desirous of promoting the designs of the Institution, and yet do not prefer making any considerable donation during their lifetime.

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## FORMS OF LEGACY.

### I. FORM OF A BEQUEST OF PERSONAL ESTATE.

"I give and bequeath to A. B. and C. D., and the survivor of them, and the executors and administrators of such survivor, the sum of \_\_\_\_\_ in trust for the use of an Institution

near Philadelphia, known by the name of 'The Contributors to the Asylum for the relief of persons deprived of the use of their reason,' and to be paid by the said Trustees to the Treasurer for the time being of the said Institution."

## II. FORM OF A DEVISE OF REAL ESTATE.

"I give and devise to A. B. and C. D., and their heirs, all that (here describe the property) together with the appurtenances, to hold to them, the said A. B. and C. D., and the survivor of them, and the heirs of such survivor forever; in trust nevertheless, for the sole use and benefit of an Institution near Philadelphia, known by the name of 'The Contributors to the Asylum for the relief of persons deprived of the use of their reason,' and upon this further trust, absolutely to dispose of, and convey the same, either in fee, or for such other estate, and in such way and manner, as the Contributors to the said Asylum shall, at any meeting or meetings, order, direct and appoint."

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✂ The Annual Meeting of the Contributors to the Asylum for the Relief of Persons deprived of the use of their Reason, will be held on fourth-day, the 17th of the Third month, 1852, at 3 o'clock, P. M., in the Mulberry street Meeting-house.

## MANAGERS OF THE ASYLUM FOR 1851—52.

CLASSED TO VISIT THE ASYLUM WEEKLY ON SEVENTH-DAY.

|                                        |                                                                                                                               |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| FROM                                   |                                                                                                                               |
| 3rd mo. 17th to 4th mo. 14th.          | { George R. Smith, No. 487 Arch street.<br>George G. Williams, No. 250 N. Fifth st.<br>Benjamin Davis, No. 368 Walnut street. |
| 4th mo. 14th to 5th mo. 12th.          | { Benjamin Davis,<br>James R. Greeves, No. 510 Chestnut street.<br>Thomas Evans, 180 Arch Street.                             |
| 5th mo. 12th to 6th mo. 9th.           | { James R. Greeves.<br>Thomas Evans.<br>Samuel Bettle, Jr., No. 101 N. Tenth street.                                          |
| 6th mo. 9th to 7th mo. 14th.           | { Samuel Bettle, Jr.<br>John Elliott, No. 243 Race Street.<br>John Carter, No. 105 S. Twelfth street.                         |
| 7th mo. 14th to 8th mo. 11th.          | { John Elliott.<br>John Carter.<br>Benjamin H. Warder, 179 Vine street.                                                       |
| 8th mo. 11th to 9th mo. 8th.           | { Benjamin H. Warder,<br>Jeremiah Hacker, No. 144 S. Fourth street.<br>William Bettle, No. 244 N. Sixth street.               |
| 9th mo. 8th to 10th mo. 13th.          | { Jeremiah Hacker.<br>William Bettle.<br>John C. Allen, No. 179 South Fifth street.                                           |
| 10th mo. 13th to 11th mo. 10th.        | { John C. Allen.<br>William Kinsey, Frankford.<br>John M. Whitall, 161 Filbert street.                                        |
| 11th mo. 10th to 12th mo. 8th.         | { William Kinsey.<br>John M. Whitall.<br>Townsend Sharpless, No. 187 Arch street.                                             |
| 12th mo. 8th to 1st mo. 12th,<br>1852. | { Townsend Sharpless.<br>William Hilles, Frankford<br>James Thorp, do.                                                        |
| 1st mo. 12th to 2nd mo. 9th.           | { William Hilles.<br>James Thorp.<br>William Thomas, No. 242 N. Fifth street.                                                 |
| 2nd mo. 9th to 3rd mo. 8th.            | { William Thomas.<br>George R. Smith.<br>George G. Williams.                                                                  |









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# REPORT

## PENNSYLVANIA HOSPITAL FOR THE INSANE

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BY THOMAS L. ...

...

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# **R E P O R T**

**OF THE**

**PENNSYLVANIA HOSPITAL FOR THE INSANE**

**FOR**

**THE YEAR 1850.**

---

**BY THOMAS S. KIRKBRIDE, M.D.**

**PHYSICIAN TO THE INSTITUTION.**

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**Published by Order of the Board of Managers.**

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**PHILADELPHIA:**

**1851.**

**PHILADELPHIA :**  
**T. K. AND P. G. COLLINS,**  
**PRINTERS.**

## OFFICERS OF THE INSTITUTION.

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### MANAGERS.

LAWRENCE LEWIS, President,  
GEORGE STEWARDSON, Secretary,  
G. ROBERTS SMITH,  
WILLIAM B. FLING,  
FREDERICK BROWN,  
JAMES R. GREEVES,

JACOB G. MORRIS,  
MORDECAI L. DAWSON,  
CLEMENT C. BIDDLE,  
JOHN FARNUM,  
MORDECAI D. LEWIS,  
WILLIAM BIDDLE.

### TREASURER.

JOHN T. LEWIS.

### PHYSICIAN.

THOMAS S. KIRKBRIDE, M. D.

### ASSISTANT PHYSICIAN.

J. EDWARDS LEE, M. D.

### STEWARD.

JONATHAN RICHARDS.

### MATRON.

MARGARET C. RICHARDS.

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Letters relative to the admission of patients may be addressed (post-paid) to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

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Letters or small packages, for any of the officers or patients, may also be left at the Hospital, Pine Street, between Eighth and Ninth Streets, in the city of Philadelphia.

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# PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

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IN compliance with the requisitions of the By-laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his Tenth Annual Report.

At the date of the last Report there were 221 patients in the Institution, since which 207 have been admitted, and 215 have been discharged or died, leaving 213 under care at the close of the year.

The total number in the Hospital during the year was 428. The highest number at one time was 235, the lowest 202, and the average number under treatment during the entire period was 219.

Of the patients discharged during the year 1850, were

|               |           |     |
|---------------|-----------|-----|
| Cured         | - - - - - | 106 |
| Much improved | - - - - - | 20  |
| Improved      | - - - - - | 41  |
| Stationary    | - - - - - | 21  |
| Died          | - - - - - | 27  |
| Total         | - - - - - | 215 |

Of the patients discharged "cured," forty-four were residents of the Hospital not exceeding three months; thirty-five between three and six months; twenty-six between six months and one year; and one for more than one year.

Of those discharged "much improved," three were under treatment less than three months; ten between three and six months; three between six months and one year; and four for more than one year.

Of the "improved," six were under care less than three months; sixteen between three and six months; ten between six months and one year; and nine for more than one year.

Of those discharged and reported "stationary," two were under care less than three months; nine between three and six months; six between six months and one year; and four for a longer period than one year.

Eighteen males and nine females have died during the year. Of these deaths, five resulted from pulmonary consumption; five were cases of acute mania; three were inflammation of the brain; two were from apoplexy; two from dysentery; two, general paralysis; two, softening of the brain; one, exhaustion resulting from long protracted excitement; one, chronic uterine disease; one, epilepsy; one, purpura; one, disease of the heart; and one from old age.

Of these deaths, six occurred within a fortnight of their admission, and eight others within less than three months after entering the Institution. One of these patients had been nearly forty-five years in the Hospital. Of the patients who died, nine were admitted for mania; nine for melancholia; one for monomania; seven for dementia, and one for delirium.

**PREMATURE REMOVALS.**—Of the patients discharged, nine were prematurely removed by their friends before a reasonable trial had been made of the advantages offered by the Institution. Of these, three are recorded as “much improved ;” four as “improved,” and two as “stationary.”

**STATISTICAL TABLES.**—As heretofore, this report embraces a series of carefully arranged tables, intended to elucidate, as far as one institution can, some of the points of interest connected with insanity. The value attached to such tables by practical men is so various as to impress on all the importance of extreme care in their preparation, with such explanations of the terms used, and of the circumstances under which the patients were received and detained, as will, as far as possible, remove all obscurity. For the want of these precautions, some of the most profound writers on the subject, familiar, too, with all the details of insanity, have experienced great difficulty in comprehending what was apparently quite clear to the compilers of such tables. If these explanations are required for experts, they must be still more important to the general reader, for whom, as much, perhaps, as any other class, our reports are prepared.

The value of statistical tables on any subject must in a great measure depend upon the competency of the observer, and the care that is exercised in their preparation ; but the fact that there are some inherent difficulties in the case can scarcely be deemed a sufficient reason for making no attempt to overcome them, or not approaching as near as possible to absolute certainty. There seems to be no sound reason why the statistics of insanity may not possess as much certainty as those of

most other maladies ; and the fact that an undue importance has occasionally been given to them, and erroneous deductions drawn from those having reference to a small number of cases and for short periods of time, as we all know has frequently occurred, ought scarcely to be considered a sufficient apology for neglecting to note in this form all the circumstances that inquirers may consider as possessing general interest.

Notwithstanding the false deductions made by those who have carelessly analyzed these reports and tables, it must still be acknowledged that this evil is likely to correct itself, and it cannot be denied that, with all their defects, the general circulation of Hospital reports, containing the results of judicious treatment, has done more to enlighten the public mind in reference to insanity, to stimulate and give proper direction to the efforts of philanthropists, and eventually lead to a liberal provision for the wants of the insane generally, than all other means combined. Much as public opinion has improved on all these subjects within a few years, it will not be asserted that there is a State in the whole Union in which a large part of the people do not even now require all the light that can be derived from this and every other source.

One great error often committed in reference to the Statistics of Hospitals for the Insane has been in using those from different Institutions, as a basis for comparisons, without alluding to the varied character of these establishments, the kind of patients received in regard to their curability and general health, the different modes prescribed for their admission, the authority to detain them for treatment without regard to the caprices of friends, and various other circumstances having an im-

portant bearing on the results, and without a full knowledge of, and allowance for which, all comparisons are perfectly useless. It is obvious, however, that, although from these causes, the statistics of a particular Hospital may be of little value for the purpose of comparison with others, yet they may be important for that Institution, and the district of country from which its patients are mainly derived, provided they refer to a large number of cases, and to a long period of time, which are two important elements of value in all statistics.

The careful preparation of statistical tables involves too much labour to tempt any one, who has the responsibility of superintending a large institution, to engage in the work as a mere matter of amusement, or without a tolerably well-fixed belief that some good is to result from it. There is little doubt but that the careful analysis of each case, required to effect this thoroughly, does really have a beneficial influence upon the patient, by the greater familiarity with all the attendant circumstances which is thus given to his physician, and by the conclusions to which the mind is brought by the recorded statements of all the facts, bearing upon a large number of cases, often totally different from the opinions hastily adopted from the recollection of a few patients.

At the end of ten years, which includes the period embraced in the present report, the number of cases which have been under treatment in this Institution has become sufficiently large to justify more extended remarks in reference to the tables, which as heretofore embrace all the patients that have been received.

All the tables possess a certain degree of interest for different persons, although their importance, so far as any useful inferences can be drawn from them, is very

various. All facts have a certain value, and many of the tables are mere statements of facts, about which there need be neither doubt nor cavil. Some others, of the more important, too, are to a certain extent matters of opinion, but not more so than many tables having reference to other diseases. Of all the medical subjects that can be tabulated, it will be found that the number is exceedingly small in which the statements are not to some extent matters of opinion, and this latitude is as allowable in reference to insanity as any other malady. It has been the custom in the community to regard insanity as differing totally in its nature from all other diseases, and it is quite possible for the circumstances and results attending its treatment to be looked upon as more difficult to be arranged in tables than is actually the case.

**TABLE I.**—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of 1850.*

|                            | Males. | Females. | Total. |
|----------------------------|--------|----------|--------|
| Admissions . . . . .       | 999    | 807      | 1806   |
| Discharges or deaths . . . | 887    | 706      | 1593   |
| Remain . . . . .           | 112    | 101      | 213    |

From this table, it appears that of 1806 patients received into this Hospital, there were 192 more males than females, and among the discharges 181 more males than females. As the number of the sexes in the community is about equal, the natural inference from this statement would be that insanity was of more frequent occurrence among men than women. There are, however, other causes that may have contributed to produce the result shown in the table, although to what extent is not easily deter-

mined, but they are believed to be sufficient to account for the difference in number. A case of insanity occurring in a female member of a family is apt to be longer retained at home than in a male; there is a greater unwillingness to allow publicity to be given to the fact of its existence, and more sacrifices will be made to retain the patient at her own residence. On this account, many females are permanently kept among their friends, and never recover; others come to a Hospital at a later date, and a few are restored to health without leaving home.

The number of males in the Institution has generally preponderated, but not universally. In nearly every year at some period the number of the sexes has been equal, and at other times there have been more females than males.

All classes of insane persons, without reference to the duration or curability of the disease, are received into this Institution. A limited number of recent cases, now fixed at forty, are admitted on the free list, and may remain as long as there is a prospect of their recovery. Patients can be removed by their friends at any time by complying with the rules of the Institution.

TABLE II.—*Showing the ages of 1806 patients at the time of their admission.*

|                   | M.  | F.  | T.  |                   | M.  | F.  | T.   |
|-------------------|-----|-----|-----|-------------------|-----|-----|------|
| Under 10 years    | 2   | 1   | 3   | Between 50 and 55 | 59  | 41  | 100  |
| Between 10 and 15 | 1   | 4   | 5   | “ 55 and 60       | 32  | 31  | 63   |
| “ 15 and 20       | 49  | 53  | 102 | “ 60 and 65       | 32  | 18  | 50   |
| “ 20 and 25       | 162 | 116 | 278 | “ 65 and 70       | 10  | 12  | 22   |
| “ 25 and 30       | 177 | 131 | 308 | “ 70 and 75       | 10  | 20  | 30   |
| “ 30 and 35       | 149 | 91  | 240 | “ 75 and 80       | 5   | 6   | 11   |
| “ 35 and 40       | 137 | 93  | 230 | “ 80 and 85       | —   | 1   | 1    |
| “ 40 and 45       | 94  | 118 | 212 |                   |     |     |      |
| “ 45 and 50       | 80  | 71  | 151 |                   | 999 | 807 | 1806 |

This table shows the ages of the patients at the time they entered the Hospital, without reference to the age at which the disease made its first appearance. Few patients are received under ten years of age; from ten years, the number steadily increases, after 15 rapidly, up to the period between 25 and 30 years, during which 278 were received. The number of admissions then gradually diminishes, with a single exception, till only one was received, when between 80 and 85 years of age.

TABLE III.—*Showing the occupation of 999 male patients.*

|                            |     |                              |     |
|----------------------------|-----|------------------------------|-----|
| Farmers . . .              | 151 | Artist . . .                 | 1   |
| Merchants . . .            | 86  | Hair Dresser . . .           | 1   |
| Clerks . . .               | 62  | Police Officers . . .        | 2   |
| Physicians . . .           | 20  | Machinists . . .             | 14  |
| Lawyers . . .              | 13  | Plane Maker . . .            | 1   |
| Clergymen . . .            | 14  | Iron Masters . . .           | 2   |
| Masons . . .               | 14  | Weavers . . .                | 16  |
| Umbrella Makers . . .      | 3   | Bricklayers . . .            | 9   |
| Printers . . .             | 11  | Brickmaker . . .             | 1   |
| Officers of the Army . . . | 4   | Sail Makers . . .            | 2   |
| “ “ Navy . . .             | 4   | Cooper . . .                 | 1   |
| Students . . .             | 18  | Jewellers . . .              | 3   |
| “ of Medicine . . .        | 10  | Potter . . .                 | 1   |
| “ of Law . . .             | 3   | Chair & Cabinet Makers . . . | 9   |
| “ of Divinity . . .        | 6   | Blacksmiths . . .            | 14  |
| Saddlers . . .             | 7   | Watch Makers . . .           | 4   |
| Teachers . . .             | 23  | Hotel Keepers . . .          | 8   |
| Peddlers . . .             | 3   | Second-hand Dealers . . .    | 3   |
| Tobacconists . . .         | 10  | Cap Manufacturer . . .       | 1   |
| Carpenters . . .           | 41  | Locksmiths . . .             | 2   |
| Bakers . . .               | 7   | Millers . . .                | 11  |
| Seamen and Watermen . . .  | 27  | Glassblower . . .            | 1   |
| Planters . . .             | 10  | Wheelwrights . . .           | 4   |
| Manufacturers . . .        | 19  | Gardeners . . .              | 7   |
| Coachmen . . .             | 2   | Chemists . . .               | 3   |
| Druggists . . .            | 5   | Print Cutter . . .           | 1   |
| Laborers . . .             | 80  | Curriers . . .               | 2   |
| Engineers . . .            | 5   | Tailors . . .                | 20  |
| Plasterers . . .           | 6   | Shoemakers . . .             | 27  |
| Bank Officer . . .         | 1   | Brokers . . .                | 2   |
| Conveyancer . . .          | 1   | Waiter . . .                 | 1   |
| Book Binders . . .         | 3   | Stove Maker . . .            | 1   |
| Hatters . . .              | 2   | Dentist . . .                | 1   |
| Rope Maker . . .           | 1   | Victualler . . .             | 1   |
| Tinmen . . .               | 6   | No occupation . . .          | 137 |
| Painters . . .             | 4   |                              |     |
| Brush Maker . . .          | 1   |                              |     |
| Tanners . . .              | 2   |                              |     |

TABLE IV.—*Showing the occupation of 807 female patients.*

|                                                                       |    |                                                |    |
|-----------------------------------------------------------------------|----|------------------------------------------------|----|
| Seamstresses or Mantua Makers . . . . .                               | 96 | Wives of Carpenters . . . . .                  | 2  |
| Store Keepers . . . . .                                               | 8  | “ Innkeepers . . . . .                         | 13 |
| Attendants in Stores . . . . .                                        | 4  | “ Engineers . . . . .                          | 2  |
| Cigar Makers . . . . .                                                | 2  | “ Artists . . . . .                            | 4  |
| Teachers . . . . .                                                    | 9  | “ Bricklayer . . . . .                         | 1  |
| Domestics . . . . .                                                   | 89 | “ Collectors . . . . .                         | 2  |
| Nurses . . . . .                                                      | 3  | “ Brickmakers . . . . .                        | 2  |
|                                                                       |    | “ Seamen . . . . .                             | 4  |
|                                                                       |    | “ Merchants . . . . .                          | 44 |
| Of the <i>Single</i> females not pursuing a regular occupation, were— |    | “ Physicians . . . . .                         | 6  |
| <i>Daughters</i> of Farmers . . . . .                                 | 40 | “ Lawyers and Judges . . . . .                 | 5  |
| “ Merchants . . . . .                                                 | 40 | “ Shoemakers . . . . .                         | 13 |
| “ Mason . . . . .                                                     | 1  | “ Hatters . . . . .                            | 4  |
| “ Bank Officer . . . . .                                              | 1  | “ Cabinet Makers . . . . .                     | 6  |
| “ Weavers . . . . .                                                   | 4  | “ Laborers . . . . .                           | 55 |
| “ Laborers . . . . .                                                  | 5  | “ Grocers . . . . .                            | 4  |
| “ Sea Captain . . . . .                                               | 1  | “ Clergymen . . . . .                          | 4  |
| “ Auctioneer . . . . .                                                | 1  | “ Tobacconists . . . . .                       | 2  |
| “ Innkeepers . . . . .                                                | 2  | “ Weavers . . . . .                            | 6  |
| “ Teachers . . . . .                                                  | 3  | “ Sea Captain . . . . .                        | 1  |
| “ Carpenters . . . . .                                                | 5  | “ Victuallers . . . . .                        | 3  |
| “ Paper Makers . . . . .                                              | 2  | “ Brush Makers . . . . .                       | 2  |
| “ Physicians . . . . .                                                | 6  | “ Tailors . . . . .                            | 9  |
| “ Planters . . . . .                                                  | 2  | “ Millers . . . . .                            | 2  |
| “ Watch Maker . . . . .                                               | 1  | “ Police Officers . . . . .                    | 2  |
| “ Curriers . . . . .                                                  | 3  | “ Carpenters . . . . .                         | 6  |
| “ Clerks . . . . .                                                    | 6  | “ Druggists . . . . .                          | 4  |
| “ Engineer . . . . .                                                  | 1  | “ Planters . . . . .                           | 5  |
| “ Clergymen . . . . .                                                 | 5  | “ Peddlers . . . . .                           | 3  |
| “ Miller . . . . .                                                    | 1  | “ Manufacturers . . . . .                      | 12 |
| “ Public Officers . . . . .                                           | 5  | “ Broker . . . . .                             | 1  |
| “ Officer of Army . . . . .                                           | 1  | “ Tanner . . . . .                             | 1  |
| “ Lawyers . . . . .                                                   | 3  | “ Officers of Army . . . . .                   | 2  |
| “ Machinist . . . . .                                                 | 1  | “ Plumber . . . . .                            | 1  |
| “ Bricklayer . . . . .                                                | 1  | “ Blacksmith . . . . .                         | 2  |
| “ Chair Maker . . . . .                                               | 1  |                                                |    |
| “ Manufacturers . . . . .                                             | 2  | Of the <i>Widows</i> similarly situated, were— |    |
| “ Tailors . . . . .                                                   | 2  | <i>Widows</i> of Merchants . . . . .           | 24 |
| “ Waterman . . . . .                                                  | 1  | “ Physicians . . . . .                         | 3  |
| “ Baker . . . . .                                                     | 1  | “ Public Officers . . . . .                    | 6  |
| “ Printers . . . . .                                                  | 2  | “ Sea Captains . . . . .                       | 2  |
| “ Shoemaker . . . . .                                                 | 1  | “ Hotel Keeper . . . . .                       | 1  |
|                                                                       |    | “ Shoemakers . . . . .                         | 15 |
| Of the <i>Married</i> similarly situated, were—                       |    | “ Clergyman . . . . .                          | 1  |
| <i>Wives</i> of Clerks . . . . .                                      | 28 | “ Farmers . . . . .                            | 15 |
| “ Teachers . . . . .                                                  | 4  | “ Coopers . . . . .                            | 2  |
| “ Farmers . . . . .                                                   | 80 | “ Laborers . . . . .                           | 10 |
| “ Brass Founders . . . . .                                            | 2  | “ Manufacturers . . . . .                      | 3  |
| “ Gardeners . . . . .                                                 | 4  | “ Lawyer . . . . .                             | 1  |
| “ Saddler . . . . .                                                   | 1  | “ Carpenter . . . . .                          | 1  |
| “ Printers . . . . .                                                  | 3  | “ Clerks . . . . .                             | 3  |
|                                                                       |    | “ Tanner . . . . .                             | 1  |

These last tables illustrate, what hardly requires further proof, that scarce any age, and no condition of life, is exempt from insanity more than from the other diseases with which mankind are afflicted—no trade or profession, the man without occupation no more than he whose whole life is one of toil, nor the offspring of any of these parents.

It is a great error, however, to suppose that the relative frequency of the disease in persons employed in the various pursuits mentioned is indicated by the numbers recorded in the tables. For example, of those who enter this Institution, the most numerous class are in some way engaged in agriculture, either farmers, or the wives or daughters of farmers, an occupation notoriously among the most healthful, and better calculated, perhaps, than any other to secure both physical health and mental integrity. If the number of cases were compared, without reference to any other circumstance, we should soon conclude that all we had been taught to believe about the healthfulness of a country life and rural labour was nothing more than fine writing by poets, and others who know little of the reality. Compare these with the relative numbers engaged in each occupation in the whole community, however, and it will be found that the common opinion respecting agricultural pursuits is well founded, and that no calling is better calculated for those who have a predisposition to mental disease. Agriculture and a country residence are not a panacea for all the ills of life, nor can they be expected to prevent the occurrence of insanity. A certain class of causes still operate there, and although less exposed to others than the residents of cities, agriculturists suffer from the effects of ill-health when it exists;—excessive labour

with improper exposure, indiscretion in diet, intemperance, loss of property, the loss of friends, and domestic troubles of other kinds still produce their effects, less in degree, perhaps, even with those whose pursuits are calculated to diminish their influence.

**TABLE V.**—*Showing the number of single, married, widows, and widowers in 1806 patients.*

|                    | Males. | Females. | Total. |
|--------------------|--------|----------|--------|
| Single . . . . .   | 558    | 326      | 884    |
| Married . . . . .  | 395    | 371      | 766    |
| Widows . . . . .   | —      | 110      | 110    |
| Widowers . . . . . | 46     | —        | 46     |

In 1806 admissions, 884 were single, and of these the proportion of males is larger than might have been anticipated, 558 males to 326 females; while of the 776 married, there were 371 females to 395 males. To 110 widows, there were only 46 widowers.

**TABLE VI.**—*Showing the nativity of 1806 patients.*

|                         |      |                     |     |
|-------------------------|------|---------------------|-----|
| Natives of Pennsylvania | 1033 | Natives of New York | 29  |
| “ New Jersey            | 107  | “ Nova Scotia       | 1   |
| “ Delaware              | 43   | “ Canada            | 3   |
| “ Maryland              | 44   | “ France            | 8   |
| “ Virginia              | 16   | “ England           | 76  |
| “ North Carolina        | 18   | “ Scotland          | 13  |
| “ South Carolina        | 16   | “ Ireland           | 240 |
| “ Georgia               | 14   | “ Germany           | 74  |
| “ Alabama               | 2    | “ Poland            | 3   |
| “ Tennessee             | 3    | “ Prussia           | 2   |
| “ Indiana               | 2    | “ Switzerland       | 2   |
| “ Kentucky              | 4    | “ Bermuda, W. I.    | 2   |
| “ D. of Columbia        | 3    | “ Jamaica           | 1   |
| “ Maine                 | 3    | “ St. Domingo       | 3   |
| “ Massachusetts         | 9    | “ Barbadoes         | 1   |
| “ Connecticut           | 13   | “ Cuba              | 1   |
| “ Missouri              | 1    | “ Guadaloupe        | 1   |
| “ Ohio                  | 4    | “ Martinique        | 1   |
| “ N. Hampshire          | 1    | “ Isl. of Madeira   | 1   |
| “ Louisiana             | 2    | “ Spain             | 1   |
| “ Rhode Island          | 4    | “ Italy             | 1   |

TABLE VII.—*Showing the residence of 1806 patients.*

|                           |      |                       |    |
|---------------------------|------|-----------------------|----|
| Residents of Pennsylvania | 1558 | Residents of Illinois | 1  |
| “ New Jersey              | 74   | “ Ohio                | 1  |
| “ Delaware                | 30   | “ Indiana             | 3  |
| “ Maryland                | 25   | “ Missouri            | 3  |
| “ Virginia                | 13   | “ Iowa                | 1  |
| “ D. of Columbia          | 7    | “ Massachusetts       | 1  |
| “ North Carolina          | 15   | “ Connecticut         | 3  |
| “ South Carolina          | 14   | “ Maine               | 3  |
| “ Georgia                 | 16   | “ Rhode Island        | 3  |
| “ Alabama                 | 5    | “ New York            | 12 |
| “ Louisiana               | 6    | “ Jamaica, W. I.      | 1  |
| “ Tennessee               | 2    | “ Barbadoes “         | 2  |
| “ Kentucky                | 4    | “ Cuba “              | 1  |
| “ Arkansas                | 1    | “ Isl. of Madeira     | 1  |

Table VI. shows the great diversity of birth existing in our population, and although more than half the patients admitted were natives of Pennsylvania, nearly as many were born in twenty-one other States of this Republic, or in several foreign countries. Next to Pennsylvania, Ireland was the birthplace of the largest number of patients, then New Jersey, then in order England, Germany, Maryland, Delaware, New York, &c.

Table VII., showing the residence of the patients admitted, exhibits still more strikingly that this is a Pennsylvania Institution, 1558 of its patients being from this State, while the remaining number are divided between twenty-two other States, the District of Columbia, three of the West India Islands, and the Island of Madeira.

The necessity for resorting to institutions distant from the homes of those afflicted with insanity, through the efforts of philanthropists, is soon likely to be done away with in nearly every State in the Union, although individual preferences and private causes may still influence some when making provision for their friends.

TABLE VIII.—*Showing the supposed causes of insanity in 1806 patients.*

|                                       | M.  | F.  | T.  |                                          | M.  | F.  | T.  |
|---------------------------------------|-----|-----|-----|------------------------------------------|-----|-----|-----|
| Ill health of various kinds . . .     | 152 | 133 | 285 | Nostalgia . . .                          | —   | 3   | 3   |
| Intemperance . . .                    | 97  | 9   | 106 | Stock speculations . . .                 | 2   | —   | 2   |
| Loss of property . . .                | 60  | 21  | 81  | Want of employment . . .                 | 22  | 2   | 24  |
| Dread of poverty . . .                | 2   | —   | 2   | Mortified pride . . .                    | 2   | 1   | 3   |
| Disappointed affections . . .         | 15  | 17  | 32  | Celibacy . . .                           | 1   | —   | 1   |
| Intense study . . .                   | 16  | 4   | 20  | Anxiety for wealth . . .                 | 1   | —   | 1   |
| Domestic difficulties . . .           | 15  | 38  | 53  | Use of opium . . .                       | 2   | 5   | 7   |
| Fright . . .                          | 10  | 15  | 25  | Use of tobacco . . .                     | 4   | —   | 4   |
| Grief, loss of friends, &c. . .       | 31  | 62  | 93  | Puerperal state . . .                    | —   | 62  | 62  |
| Intense application to business . . . | 14  | —   | 14  | Lactation too long continued . . .       | —   | 3   | 3   |
| Religious excitement . . .            | 38  | 29  | 67  | Uncontrolled passion . . .               | 4   | 6   | 10  |
| Political excitement . . .            | 3   | —   | 3   | Tight lacing . . .                       | —   | 1   | 1   |
| Metaphysical speculations . . .       | 1   | —   | 1   | Injuries of the head . . .               | 16  | 3   | 19  |
| Want of exercise . . .                | 4   | 2   | 6   | Masturbation . . .                       | 15  | —   | 15  |
| Engagement in a duel . . .            | 1   | —   | 1   | Mental anxiety . . .                     | 40  | 45  | 85  |
| Disappointed expectations . . .       | 4   | 5   | 9   | Exposure to cold . . .                   | 3   | —   | 3   |
|                                       |     |     |     | Exposure to direct rays of the sun . . . | 16  | —   | 16  |
|                                       |     |     |     | Exposure to intense heat . . .           | —   | 1   | 1   |
|                                       |     |     |     | Unascertained . . .                      | 408 | 340 | 748 |

Great care is always required in making out the supposed causes of the disease, in a majority of the patients that are received into a Hospital for the insane. In many cases, the exciting cause is clear and unquestionable; while in not a few, the friends of patients mistake the effects of insanity for its cause. In a large number the causes assigned by those who bring patients to a Hospital are clearly insufficient and unsatisfactory, and the truth is developed only after a careful cross-examination, and a full detail of the previous history of the individual and of the disease. With all our efforts, a large number, as many as 748 out of 1806 patients, present no causes sufficiently clear to justify their being placed in the table, and these are reported as "unascertained."

It is not possible in any table to enumerate all the particulars of a case, nor ought this to be expected. When several causes combine to produce an attack of insanity, as frequently occurs, the rule here has been to insert that one which apparently has had most agency in the production of the disease, and very often it is that, without which the patient might have escaped the attack.

Among the cases embraced in this report, by far the most prevalent cause of insanity has been ill health of various kinds, the details of which would be proper enough for a medical report, but not necessary to be particularized in those intended for general readers. Although often only the predisposing cause, its agency is so obvious and important that it is more proper for it to be inserted than the supposed directly exciting cause, which frequently is of a character that, had the individual been in good health, could have had little or no influence in the production of the disease. The practical inference to be drawn from this, is the great importance of discretion in our intercourse with persons of certain temperaments when in impaired health, from the fact that serious injury may result from unduly exciting the mind while the physical functions are seriously deranged. Severe and protracted mental labour, and all serious mental anxiety, should have place only in a sound state of the physical health, and it is but in such a condition of the system that they can be long persevered in with impunity.

Ill health has had an important agency in the production of insanity among our patients, in about the same proportion in both sexes.

Intemperance is set down in the table as the direct

cause of insanity, in 106 out of 1806 patients, of whom 97 were men, and 9 women. This, however, is far from showing its real influence in the production of the disease. It tells nothing of its effects on others, nothing of the blighted hopes, the losses of property and character, the domestic difficulties, and the mental anxiety, deep and depressing, which follow in its train, and owe their origin to its existence.

Loss of property, directly or indirectly, is a not unfrequent cause of insanity, and affecting men much more than women, while domestic difficulties are a vastly more common cause of its existence among females than males.

The cases attributed to fright were well marked, resulting directly from that cause.

Grief, loss of friends, children and parents, have frequently produced insanity. The long watching incident to severe attacks of sickness, loss of sleep, irregularity in taking food, and various other causes, have on many occasions prepared individuals for effects from the final blow, which would not otherwise have resulted. It will be observed that the number of females suffering from these causes is just double that of the males.

Intense application to business, a devotion of all the energies of mind and body to one absorbing pursuit, without relaxation or variety of employment, has produced the disease only among men.

The number of cases attributed to religious excitement is proportionately nearly the same in the two sexes. A large proportion of these have been induced by individuals of peculiarly susceptible tendencies, often in delicate health, being exposed to long-continued excitement on the subject, in reference to which no well-regu-

lated mind can but feel the deepest interest, and by loss of sleep, confinement at home, neglect of customary pursuits, and sometimes by the injudicious interference of well-meaning but indiscreet friends, who, from an entire misunderstanding of what was rapidly becoming a case of serious disease, have pursued a course calculated only for minds of perfect integrity. Religion, pure and undefiled, is no cause of insanity, but more, perhaps, than anything else, tends to that state of mind which preserves from the effects of the varied trials, misfortunes and excitements to which mankind are exposed.

The cases marked as resulting from disappointed expectations were in individuals who were doomed to experience the sudden overthrow of long-cherished hopes, about the realization of which they had never entertained a doubt, and the shock was more than their imperfect education and injudicious mental training enabled them to resist.

Two cases in men, and five in women, are reported as caused by the use of opium, and four in men as caused by the use of tobacco. In reference to the influence of these articles in producing insanity in the cases referred to, there did not seem to be any just ground for doubt. Opium is much more used among females than males, and its effects upon the mind, no less than upon the body, are of a most injurious character. The use of tobacco, which is much more restricted to men, has in many individuals a most striking effect on the nervous system, and its general use in the community is productive of more serious effects than are commonly supposed. Its excessive use is apt to develop gastric derangement and disorders of the nervous system, and renders active other influences that might have been

harmless. In many chronic and recent cases of insanity, the effects of a temporary indulgence in it are so striking as to attract the attention of all who are habitually about the patients. After no inconsiderable amount of experience in reference to this article, I have no hesitation in saying that I have never seen anything more than a temporary annoyance, such as would occur in giving up any confirmed habit, result from its entire discontinuance, and by that course alone the complete re-establishment of impaired health has often been produced.

Insanity has appeared to be caused by intense mental anxiety in 40 males and 45 females of the patients admitted into this Institution. This term has been adopted as being sufficiently explicit, and not likely to be misunderstood by the generality of readers. A few cases may be sufficient to illustrate its meaning. A parent, watching over a sick child, undergoing great fatigue, in constant doubt as to the result of a serious and protracted malady, becomes unable to sleep, and mental aberration finally results; so of the anxiety attendant upon protracted legal cases, in which large amounts are involved, or a long pending application for office, when the support of a family depends upon the result, or long-sustained mental efforts in posts of responsibility, and a dread of not being able to accomplish tasks that have been undertaken, are a few of the kind of cases that have contributed to swell the large number assigned to mental anxiety.

The cases attributed to want of employment, mortified pride, uncontrolled passion, and the others not specially referred to, will probably be sufficiently well understood for our present purpose, without further

remark. The circumstances attending the development of the disease from many of these causes are highly interesting, but would only be desirable to be detailed in a formal essay upon the causes of insanity.

It may be noticed that loss of sleep has not been assigned a place in the table as one of the causes of insanity. It may unquestionably become a cause of that disease, and perhaps is so, but it has generally been found that, although want of sleep was a common complaint in the cases brought to this Institution, this symptom was attributable either to previous ill health, great mental anxiety, or some other antecedent cause to which we have assigned the production of the disease, or that the want of sleep was only one of the effects of the malady already developed.

The large number reported as "unascertained" shows that insanity, like most other diseases, frequently originates without being traceable to any direct cause. Many of these cases were no doubt owing to a combination of causes, the relative influence of which was not easily ascertained, and in some, where the predisposition was very strong, the malady was no doubt occasionally developed by influences so very trifling as to lead to their being entirely overlooked.

TABLE IX.—*Showing the ages at which insanity first appeared in 1806 patients.*

|                   | M.  | F.  | T.  |                   | M. | F. | T.  |
|-------------------|-----|-----|-----|-------------------|----|----|-----|
| Under 10 years    | 3   | 1   | 4   | Between 45 and 50 | 55 | 56 | 111 |
| Between 10 and 15 | 14  | 10  | 24  | " 50 and 55       | 36 | 26 | 62  |
| " 15 and 20       | 95  | 88  | 183 | " 55 and 60       | 21 | 30 | 51  |
| " 20 and 25       | 206 | 150 | 356 | " 60 and 65       | 20 | 11 | 31  |
| " 25 and 30       | 183 | 157 | 340 | " 65 and 70       | 3  | 2  | 5   |
| " 30 and 35       | 148 | 103 | 251 | " 70 and 75       | 4  | 2  | 6   |
| " 35 and 40       | 115 | 76  | 191 | 75 and 80         | 4  | 1  | 5   |
| " 40 and 45       | 92  | 94  | 186 |                   |    |    |     |

By this table, it is shown that of the patients received into this Institution, insanity first appeared in the largest number when between twenty and twenty-five years of age, and next in frequency between twenty-five and thirty. Between twenty and thirty, a much larger number of cases originated than in any similar period. Among the males from the period between twenty and twenty-five, the number gradually diminished; among the females there was not quite the same regularity, and between forty and forty-five, there were more cases than in the previous period of five years.

Insanity rarely originates in young children, although some cases are recorded. With those admitted here it commenced in but four when under ten years, while between ten and fifteen there were twenty-four; between fifteen and twenty, the number had increased to 183; and then, as before remarked, comes the period during which insanity most frequently occurs. After sixty-five, there is but little liability to this disease.

**TABLE X.**—*Showing the forms of disease for which 1806 patients were admitted.*

|                       | Males. | Females. | Total. |
|-----------------------|--------|----------|--------|
| Mania . . . . .       | 475    | 414      | 889    |
| Melancholia . . . . . | 207    | 220      | 427    |
| Monomania . . . . .   | 159    | 99       | 258    |
| Dementia . . . . .    | 151    | 70       | 221    |
| Delirium . . . . .    | 7      | 4        | 11     |

Every case received into this Institution is registered as belonging to that class to which its symptoms at the time of admission seem most nearly allied. In most cases there is no difficulty in deciding upon its precise form; but some, during the progress of the

disease, have changes in their symptoms that would cause them to be transferred to other classes. It is to be understood, therefore, that the table refers only to the condition of the patients when first admitted. The cases of delirium cannot with propriety be included as insanity, the mental disturbance being of a peculiar character, and due to acute disease of a different kind, under which the patients were labouring. The admission of this last class of cases is always unfortunate; the patients generally being very ill, the exposure and fatigue to which they are subjected on their journey almost invariably cause a fatal termination.

TABLE XI.—*Showing the duration of the disease at the time of admission in 1806 patients.*

|                            | Males. | Females. | Total. |
|----------------------------|--------|----------|--------|
| Not exceeding 3 months . . | 512    | 401      | 913    |
| Between 3 and 6 months . . | 76     | 64       | 140    |
| “ 6 months and 1 year . .  | 120    | 96       | 216    |
| “ 1 and 2 years . .        | 127    | 81       | 208    |
| “ 2 and 3 “ . .            | 43     | 37       | 80     |
| “ 3 and 4 “ . .            | 14     | 19       | 33     |
| “ 4 and 5 “ . .            | 28     | 13       | 41     |
| “ 5 and 10 “ . .           | 34     | 31       | 65     |
| “ 10 and 15 “ . .          | 15     | 23       | 38     |
| “ 15 and 20 “ . .          | 13     | 20       | 33     |
| “ 20 and 25 “ . .          | 5      | 8        | 13     |
| “ 25 and 30 “ . .          | 5      | 8        | 13     |
| “ 30 and 35 “ . .          | 2      | 3        | 5      |
| “ 35 and 40 “ . .          | 2      | —        | 2      |
| “ 40 and 45 “ . .          | 3      | 2        | 5      |
| “ 50 and 55 “ . .          | —      | 1        | 1      |
|                            | 999    | 807      | 1806   |

In 913 of the admissions, the disease had not been of more than three months' duration, in 140 it had existed between six months and one year, and in the remainder the period varied from one to more than fifty years. A

very large proportion of all the recoveries took place in those in which the disease had not existed for more than a year when they entered the Hospital. A few patients were restored whose minds had been impaired for a much greater period, and some long after their friends had despaired of any amendment. While it is important that the necessity for early treatment in insanity should be generally understood, it is hardly less desirable that those having care of the insane should remember that a case is never of too long standing to be placed under the most favourable circumstances for promoting a recovery, and to be surrounded by every influence that can tend to develop the slightest improvement that may occur. No one can say with entire certainty that a case of simple insanity may not recover, and small as may be the hope, humanity and reason alike demand that all thus afflicted should always be treated as though they might be restored. The reward occasionally received for this kind of perseverance is priceless, and the effort can never be regretted.

TABLE XII.—*Showing the number of the attack in 1806 cases.*

|              | M.  | F.  | T.   |                                  | M. | F. | T. |
|--------------|-----|-----|------|----------------------------------|----|----|----|
| First attack | 749 | 597 | 1346 | In the <i>periodical cases</i> , |    |    |    |
| Second "     | 148 | 126 | 274  | 9th paroxysm . . .               | —  | 2  | 2  |
| Third "      | 50  | 44  | 94   | 10th " . . .                     | 1  | 2  | 3  |
| Fourth "     | 20  | 13  | 33   | 11th 1 m., 17th 1 m. . .         | 2  | —  | 2  |
| Fifth "      | 9   | 5   | 14   | 18th 3 m., 19th 1 m. . .         | 4  | —  | 4  |
| Sixth "      | 8   | 3   | 10   | 20th & 21st each 1 m. & 1 f.     | 2  | 2  | 4  |
| Seventh "    | 4   | 1   | 5    | 22d 1 m., & to 26th each 1 f.    | 1  | 5  | 6  |
| Eighth "     | 1   | 1   | 2    | 27th 2 f., 29th, 1 f. . .        | —  | 3  | 3  |
|              |     |     |      | 30th, 31st, 32d each 1 f. . .    | —  | 3  | 3  |

Of all admitted, 1346 were labouring under the first attack of insanity, and 274 had once before been insane. The number having had more frequent attacks gradu-

ally diminishes. Among those classed as periodical, one lady had had thirty-two regular attacks, being perfectly well in the intervals, which lasted frequently for many months, some moral cause always seeming necessary for the development of the disease. A large portion of those who recover perfectly from a first attack of insanity, with a reasonable degree of prudence, never have another; while in others the predisposition is so striking that very slight causes seem sufficient to produce a recurrence of the malady.

TABLE XIII.—*Showing the state of 1593 patients who have been discharged or died—their sex, and the form of disease for which they were admitted.*

|                  | Males. | Females. | Total. | Mania. | Melancholia. | Monomania. | Dementia. | Delirium. |
|------------------|--------|----------|--------|--------|--------------|------------|-----------|-----------|
| Cured . . .      | 466    | 377      | 843    | 498    | 214          | 115        | 15        | 1         |
| Much improved .  | 70     | 67       | 137    | 65     | 39           | 25         | 8         | —         |
| Improved . . .   | 123    | 111      | 234    | 100    | 64           | 36         | 34        | —         |
| Stationary . . . | 123    | 80       | 203    | 83     | 37           | 30         | 52        | 1         |
| Died . . .       | 104    | 72       | 176    | 80     | 40           | 8          | 39        | 9         |

The total number of patients discharged cured since the opening of this Hospital is 843, while 371 were in various stages of improvement, 203 were stationary, and 176 died. Of those cured, a greater proportion were admitted for mania than for any other form of Insanity. Next in order, the cases labouring under melancholia and monomania give the greatest ratio of recoveries. Out of 221 admitted for dementia, only 15 recovered; a few of these were of a chronic character, one being of seven years' standing, but generally they were of the acute form. Of the cases registered as

labouring under delirium, eleven in number, but a single one recovered.

In reference to what constitutes a cure of insanity, I have adopted precisely the rules that are applicable to other diseases. When all symptoms of the malady have disappeared, and the patient exhibits no sign of a deranged mind for several months, I can see no reason why he should not be considered restored as much as if he had had an attack of some other disease.

An individual who recovers from inflammation of the lungs this winter keeps well during the summer, and next winter has a return of the disease, would scarcely be said not to have recovered from the first attack. Intermittent fever may occur in the autumn, and after many months the same form of disease may show itself in the next spring, but that would scarcely be sufficient for the assertion that the patient was not cured of the autumnal attack. Rheumatism may, and often does occur in the same person a long time after all symptoms of a previous attack had disappeared, and Asthma may return on a particular day of August in every year; while it may be said with entire propriety that these individuals had a strong predisposition to these several diseases, the fact of their having a second attack after so long a period ought not to cause any doubt as to their recovery from the first. There are cases, however, in which doubt does exist, and the remedy is simply so to register them in the tables as to prevent wrong inferences. If the recovery is doubtful, the conscientious observer will insert it among the "much improved," so that, although we may tell rather less than the whole truth, there will be no risk

of our giving more favourable statements than the facts warrant.

In reference to mortality, we find that of those admitted for mania and melancholia, nearly the same proportion died—of those labouring under monomania, less than one-third as many as of either of the preceding forms, while the cases of dementia showed a mortality nearly double of that of mania or melancholia, and of the eleven admitted with delirium, for reasons stated on a previous page, nine died. Of the demented cases received, it may be proper to mention that a considerable number were persons somewhat advanced in life, and whose diseases were of long standing.

**TABLE XIV.**—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

|               | Admissions. | Discharges. | Cures. | Deaths. |
|---------------|-------------|-------------|--------|---------|
| 1st month . . | 151         | 107         | 61     | 14      |
| 2d " . .      | 160         | 89          | 44     | 16      |
| 3d " . .      | 197         | 133         | 77     | 15      |
| 4th " . .     | 157         | 131         | 68     | 14      |
| 5th " . .     | 158         | 148         | 72     | 17      |
| 6th " . .     | 179         | 162         | 87     | 10      |
| 7th " . .     | 141         | 138         | 67     | 14      |
| 8th " . .     | 124         | 152         | 87     | 18      |
| 9th " . .     | 125         | 140         | 62     | 21      |
| 10th " . .    | 135         | 142         | 71     | 13      |
| 11th " . .    | 147         | 131         | 76     | 10      |
| 12th " . .    | 132         | 120         | 71     | 14      |
| Total . .     | 1806        | 1593        | 843    | 176     |

This table, as stated in its title, merely shows the total number of admissions, discharges, cures, and deaths in each month, but does not exhibit either the number of cases originating in each month, or the number of recoveries. Pleasant weather, facilities for traveling,

the convenience of friends, and various other causes, often have an influence in regulating the time when patients are brought to or removed from a hospital. The table does show, however, with entire accuracy, the months in which the deaths took place. It will be observed that in a period of ten years the smallest mortality has been in the sixth and eleventh months, and the greatest in the ninth month.

In reference to the causes of death noticed in a previous part of this report, it may be desirable to make some explanation of the terms used in this Institution. While simple insanity does not often produce death, it unquestionably tends to lessen the average duration of life, by rendering the individuals labouring under it less able to resist attacks of acute disease, by the difficulty often experienced in discovering sickness in its commencement, and by the resistance offered to the adoption of a proper course of treatment. There is, however, an acute form of insanity which does often cause death by a kind of exhaustion induced by the combined operation of long-continued mental excitement, want of sleep, and refusal of food. To distinguish these cases from ordinary insanity, to which they have little resemblance, the mode in which death has appeared to be caused has been inserted in the table. When acute disease of the brain has been referred to, it is intended rather to designate active inflammation of that organ than insanity. The other diseases mentioned were clearly the cause of death, the insanity having only a very small and indirect agency in its production.

**FARM AND GARDEN.**—No change has been made in the manner of conducting the farm and garden since the

date of the last report. Both, as heretofore, have been profitable to the Institution, and highly useful to the many patients who have been employed about them during the year.

**WORKSHOP AND MECHANICAL DEPARTMENT.**—During the year just closed, a large number of hair and straw mattresses have been made in the upper work-room, while in the lower, used as a carpenter and turning shop, much valuable work has been done. This building not only supplies employment for those fond of mechanical pursuits at all times, but in inclement weather is resorted to by most of those who at other times are employed at some out-door labour, which is really one of the most important means for confirming the convalescence of many patients who have passed the acute stage of the disease.

**MUSEUM AND READING-ROOM.**—During the entire year, this building, as heretofore, has been in daily use by patients of both sexes—in the forenoon by the ladies and in the afternoon by the gentlemen. To many of the more cultivated class, it has been a source of great pleasure, offering at all times a quiet retreat for reading and study, and a spot where, beyond the excitement of the wards, they could always find objects of interest to examine, and good books, and a great variety of periodicals and newspapers from various parts of the country. Many kind friends, appreciating the importance of this arrangement, have added to its objects of interest, and as the Institution thus far has been subjected to no expense on account of its construction or fitting up, it is hoped it will still be remembered by those who have

the means of adding to its library and collection of curiosities.

This building and collection have been peculiarly valued as being the offspring of the efforts of the patients, officers, and their friends, and, as a gift to the Institution, is prized much more highly than it would have been under any other circumstances. The only drawback has been that it is open to the ladies and gentlemen each only the half of the day, and that often when individuals may have desired to use it, the prescribed hours prevented them. Any one who has ever been in ill health and knows anything of the restlessness and irritability often attending it, will understand how much the pleasure of doing a thing is enhanced by being allowed to do it exactly when one feels in the humour. The erection of another building, similar in size and in a corresponding position, for the use of the male patients, so as to give up the present one entirely to the females, would be an admirable object for the active benevolence of some philanthropic individuals anxious to confer an especial favour upon the insane of our community. A little more than a thousand dollars would enable us to put up the building, and that provided, liberal friends would soon be found to supply it with a library and all the other adjuncts to make it attractive and useful.

**EVENING ENTERTAINMENTS AND INSTRUCTION OF THE PATIENTS.**—During nine months of the past year, the course of lectures and entertainments in the lecture-room was kept up regularly three times a-week, to the great gratification and benefit of the patients and those employed in their care. I have no knowledge of such a course having been regularly continued for so long a

period in any other institution, and it was interrupted only on account of the hot weather rendering the room uncomfortable for so large an audience. During this intermission, on several evenings of the week, the patients were entertained in other modes on the lawn in front of the main building.

The practice of daily reading by the teachers to the patients in the different wards, especially those devoted to the more excitable class of patients, has been continued with marked good effect.

The entertainments in the lecture-room have almost entirely done away with the social parties for patients of both sexes that, in the earlier days of the Institution, were frequently given, and the effects of the former have been found upon the whole to be much more satisfactory. Frequent sewing parties are still held by the Matron among the ladies of the different wards, and a grand entertainment for all in the house is always expected on Christmas eve, preparatory to the special dinner given on the following day. To one not accustomed to modern hospitals for the insane, this general party never fails to excite surprise and admiration, from the large number assembled, the general appearance of the company, the good order, propriety of behaviour, and cheerful rational enjoyment so universally observed.

After the regular party this year, a special one was given to the patients and attendants of the most excited female wards, as an evidence of our appreciation of the good order and neatness in which they had been kept during the past year. To this party ladies were invited from other divisions of the house to the number of fifty in all, excellent music was provided, and a bountiful supply of refreshments furnished to the whole assembly,

which, with five exceptions, contained all the most excited female patients in the Institution. The order, general quiet, and genuine enjoyment in this company, has never been surpassed at any entertainment given here, and the whole evening was a pleasant exhibition of how much may occasionally be done for the happiness of those who are generally thought to be unable to appreciate the means used for the less seriously affected in a hospital.

**WARD LIBRARIES.**—An ample collection of good books is desirable in every hospital for the insane. Many of the inmates of every such institution experience as much pleasure in reading the works of the best authors, or in prosecuting favourite courses of study, as ever they did; and not a few, even of those whose minds are sensibly impaired, derive a large amount of enjoyment from the perusal of books with which they had previously been familiar, or in looking over the novelties which are constantly issuing from the press. Illustrated works are valued here, by many who care little for the text, just as they often are by those who do not reside in hospitals. The advantages derived from reading are as various here, and perhaps rather more numerous, than elsewhere, for reading is a part of the means used for the relief of mental disturbance, and is an important auxiliary in lessening the irksomeness of confinement.

To derive all possible benefit from books, in an institution for the insane, they must always be readily accessible, so that the desire for their use, where it exists, may be promptly gratified. If there is but a single library in a hospital, various circumstances may prevent its being freely used by a large class of patients. An

individual may desire a book at an hour when his attendant cannot leave the ward, or the librarian may not be found, or other causes may prevent its being obtained till the inclination to use it has passed away. Many patients will ask for books which they see on the shelves who would not think of others, nor take the trouble to look over a catalogue.

To remedy these difficulties, it is desirable that every ward in a hospital—no matter how numerous they are, nor how excited the patients in them may be—should have a collection of books for the special use of its inmates. The number of books and their character should of course be regulated by the size of the ward, and the class of patients in it, but they should be such that there may be little restriction on their general use.

With the assistance of a few liberal citizens who were applied to for the purpose, who appreciated the importance of the measure, and whose contributions are elsewhere acknowledged, I have been able to carry out these views, and have, without cost to the institution, formed sixteen distinct libraries, being one for each ward in the institution. These libraries are placed in neat cases, which were made in our own workshop, by a mechanic formerly one of our patients, and are put in conspicuous positions in the different wards, and now contain each from twenty to one hundred and forty volumes. By the regulations for their use, the attendants are bound to furnish to any patient who applies, at all reasonable hours, a single volume, and to exchange this as often as he may desire, provided it is well taken care of. Some of these books will no doubt be injured, and a few may be destroyed, but generally they will be kept in good order. It is often well to risk a few books

of trifling value, to save clothing or furniture that is vastly more costly; and as the books have been presented to the Hospital for that special purpose, there can be no objection to giving the experiment a liberal trial.

There are now eleven hundred volumes on the shelves of these ward libraries, and I do not entertain a doubt but that the officers of the institution and its liberal friends in Philadelphia will furnish ample means to add to the number as well as to replace all losses that may occur from their free and almost unrestricted use.

It is not intended that these ward libraries should in any way interfere with or supersede the main patients' library, which is under the care of the assistant physician in the centre building. They are intended to bear the same relation to it that our own private collections of books—those lying on our tables or book-shelves, and which we can pick up whenever we have a leisure hour—do to the public libraries to which we resort for rare works, or those which, from their cost or other reasons, it is inconvenient to have in our own possession.

A trial of three months has already been made with these books in the wards, and the result is most gratifying. The expressions of satisfaction, and of the benefit derived from them by the most intelligent patients, is of itself sufficient to show their great importance; and but three volumes of little value are reported to me as having been injured.

We now have in our institution the proper foundation for reading for the patients. First in order is the main library, which, although much reduced by a large number of the books being sent from it to that in the Hospital in the city, of which they were formerly a part, still con-

tains eight hundred volumes; second, the library of the museum and reading-room, in addition to its large stock of pamphlets, periodicals, and newspapers, containing one hundred and fifty volumes; and, third, the sixteen ward libraries already referred to, and having in them eleven hundred volumes.

It is desirable that all these should be materially increased, and contributions of books, pictures, prints, or periodicals will always be thankfully received.

**IMPROVEMENTS.** — The buildings erected last year have been in constant use, and almost invariably filled with patients. They are in all respects a most valuable addition, and have in them some of the best wards in the establishment, the different fixtures introduced having all worked satisfactorily.

The brick pavement in the men's pleasure-grounds has been much extended, and during a part of the winter and in damp weather is of great importance in enabling all classes without inconvenience to take their usual amount of exercise in the open air.

In a part of the ladies' pleasure-grounds, from which the view was limited, a mound of earth has been made, eighty feet in diameter at the base, and eleven high, from the summit of which there is a fine view of the surrounding country, and on this spot it is intended to erect a handsome summer-house for the accommodation of the patients, who will hardly fail to make it a favourite place of resort. The mound is terraced, so as to give extensive walks and flower borders, and in a short time will be made one of the most agreeable features in this portion of the grounds.

The exterior wood work of the building, as well as its

roof, and the fences inside of the enclosure, have been painted during the past year.

A new water-tank, made of boiler iron, and capable of holding three thousand gallons, has been added to those already in the dome of the centre building. This, with our previous facilities, enables us to have near eleven thousand gallons in the Hospital at one time; and it is intended that this amount should always be there when the pump stops working in the evening. Our daily consumption from this source is a little over six thousand gallons. It is hardly possible to overrate the importance of ample provision being made for the freest use of water for all purposes in every hospital.

The lot of ground seventy feet wide, and extending along the whole eastern front of the Hospital property, presented to the institution last year by G. Roberts Smith, Esq., has been securely enclosed, and must always prove a valuable acquisition, tending as it does to secure privacy to a large portion of the pleasure-grounds, which, without it, might have been seriously annoyed by the inconvenient proximity of buildings. The planting of evergreen and other shade trees already commenced will make an excellent screen, which, while beautiful in itself, will not be expensive.

**HEATING APPARATUS.**—The fixtures for heating several of the wards of the South Wing by steam, and fully described in my last report, have been steadily in use, and continue to give entire satisfaction. By this apparatus, the buildings have been warmed, all the water required for bathing and other purposes heated, and the ventilation forced.

To those who have been watching with interest the

result of the various experiments made within a few years, in heating by steam or hot water, it will be gratifying to learn that during the past year it has been determined to adopt nearly the system just referred to at the New York Hospital, in the city of New York; the large hospital of the Philadelphia Alms-house; the new buildings of the Western Asylum of Virginia, at Staunton; the Virginia Military Institute, at Lexington; the Pennsylvania State Lunatic Hospital, at Harrisburg; and in the proposed Hospital for the Insane, at Raleigh, N. C., while hot-water fixtures have been put up in several smaller public and private buildings in Philadelphia. In some of these the work has been completed, and gives entire satisfaction, and in others is now being arranged.

During this period, it has also been shown conclusively that not only can the boilers be placed outside of the building as we had already done, but that they may, without any interference with the working of the apparatus, be placed one hundred feet from it. This position for the boilers seems to me the only proper one, and wherever it is possible, should be insisted on.

Heating by steam or hot water in connection with a forced ventilation, has now been so fully tested under various circumstances, in our highest latitudes, and its great superiority over every other mode now known so clearly demonstrated, that hereafter public opinion will hardly justify those to whom is intrusted the high responsibility of providing buildings for the permanent accommodation of large numbers, whether in sickness or health, for adopting any of the very imperfect kinds of fixtures heretofore employed. The extra first cost of a steam apparatus for heating and ventilation will

scarcely be deemed a sufficient apology for withholding the comfort and blessing of an abundance of pure fresh air from those of our fellow-men who are deprived of the power of seeking it for themselves. It would certainly in all cases be better to dispense with everything merely ornamental in its character, than to reject what is calculated to give that which ought to be regarded as one of the first necessities of life rather than as among its luxuries.

There is no month in the year, in this climate, in which it does not occasionally happen that some morning or evening has not a degree of dampness or chilliness that is not pleasant, and in the autumnal months before fires are generally started, they are of common occurrence. From the single boiler which is kept in use a part of each day, for heating water, and forcing ventilation, it is easy at any time, at very short notice, to pass the steam through all or a part of the heating-pipes, and continue it there as long as may be deemed desirable. How much this may contribute to the comfort and health of the inmates of a large establishment it is not easy to estimate, and when autumnal diseases are common, it will probably do more than anything else to prevent their prevalence in our public institutions.

**PROVISION FOR THE INSANE IN PENNSYLVANIA.**—From the first settlement of Pennsylvania to the present time, the care and treatment of the insane in this commonwealth has been confided almost entirely to charitable institutions, founded, endowed and supported by its benevolent citizens.

It is now just about a century since the Pennsylvania Hospital, the pioneer institution for the insane in Ame-

rica, was incorporated by the Provincial Assembly, and opened for the reception of patients. With the exception of the Friends' Asylum at Frankford, established in 1817, and the Insane Department of the Philadelphia Alms-house in Blockley (which a few years since, for the first time, took rank as a curative establishment), the Pennsylvania Hospital has been the only institution in the State to which any class of her citizens could resort for the treatment of insanity, and it was strictly the only one which offered relief from this malady without cost to the indigent of Pennsylvania.

From the foundation of the Pennsylvania Hospital in 1751 to the present time, 6062 insane persons have been admitted and treated in its wards; of these, more than 1000 were poor, who received every care and attention without charge of any kind, and of whom a large proportion were restored to their families in perfect health, and many others in various states of improvement; the number of this class under treatment being limited only by the income of the institution.

It will be a fitting commemoration of the services rendered by a private charity to all classes of the insane, but especially to the indigent insane of Pennsylvania, during a whole century, that exactly at the end of that period our noble commonwealth will have prepared and put in operation a State Institution intended to afford relief to all her citizens who labour under loss of reason, and which with a judicious organization, and fostered by liberal and enlightened legislation on the part of the government, cannot fail to spread blessings of inestimable value throughout the community.

When the new Institution is in operation, about 1000 insane patients will be comfortably provided for in

the State, and, except a Hospital in its western part, Pennsylvania will require no material extension of the accommodations for her insane for many years, although important improvements will be desirable in all the existing institutions.

**RECEIPTS AND EXPENDITURES.**—The following abstract of the receipts and expenditures of all kinds has been prepared by Jonathan Richards, the Steward of the Hospital. Included in the amount is the cost of painting the whole exterior wood work of the building and its roof, the painting of the interior fences, new spouting for the main building, enclosing the ground exterior to the wall, and the important alterations made in the bake-house and adjacent parts of the basement story. The amount paid for the heating apparatus for the new building is not included, as it belongs to the building account referred to last year. Most of the payments for furniture and bedding for the new wards are included in this year's account.

#### EXPENDITURES.

|                                             |   |   |             |
|---------------------------------------------|---|---|-------------|
| Salaries and wages of all kinds             | - | - | \$15,233 88 |
| Household expenses                          | - | - | 17,363 30   |
| Furniture, fuel, lights, &c.                | - | - | 6,351 54    |
| Farm, garden, grounds, live-stock, and car- |   |   |             |
| riages                                      | - | - | 1,903 70    |
| Repairs and improvements                    | - | - | 4,058 79    |
| Medicines                                   | - | - | 966 70      |
| Miscellaneous                               | - | - | 833 03      |
| Total expenditures                          | - | - | \$46,715 94 |
| Nett receipts                               | - | - | 45,691 64   |
| Excess of expenditures                      | - | - | \$1,024 30  |

|                                          |   |   |          |
|------------------------------------------|---|---|----------|
| Average number of patients               | - | - | 219      |
| “ “ “ free patients                      | - | - | 37       |
| Average cost per week of each patient    | - |   | \$4 10   |
| Amount expended in 1850 on free patients |   |   | 7,888 40 |

From the preceding statement, it will be observed that during the year just closed the expenditures have exceeded the receipts by the sum of \$1,024 30, exclusive of \$1,475 paid on account of the heating apparatus put up in the new buildings last year. The average number of free patients is 37, although occasionally there were as many as 42 of that class in the house at one time, and the sum expended on these in 1850 amounts to \$7,883 40.

ACKNOWLEDGMENTS.—During the past year, the Hospital has been remembered by many kind friends, to whom, for ourselves and on behalf of the patients, we desire to express our sincere thanks. Many of the donations received were intended specially to aid in starting the Ward Libraries, and by the assistance thus received, they have been provided without cost to the institution. To a restored patient we are indebted for the gift of \$100, "to be appropriated for the use of the patients, as an evidence of his appreciation of the purely benevolent character of the institution, and of his gratitude for the benefits he has received from it." To John Farnum for \$50; Joseph D. Brown, \$50; Thomas P. Cope, \$50; Wharton Chancellor, \$25; "a friend to libraries for the insane," \$25; Josiah White, \$20, and twenty volumes of books; Morrison Underwood, \$10; "an old patient," \$3 12. To Watson Jenks for 150 volumes of books; to Mordecai D. Lewis for 50 volumes of books and a

large number of valuable periodicals; to John Grigg for 15 volumes; to Frederick A. Packard for various books and valuable aid in procuring others; to Jacob G. Morris for various books, prints, and curiosities, and for the deposit of a valuable oil painting; to Wm. G. Malin and E. P. Gurney for books; to Frances Wilson for a handsome specimen of shell work; and to Bayse N. Westcott, James R. Greeves, R. M. Lewis, W. Baily, E. Anderson, and E. Sayre, for various curiosities for the museum.

To the Philadelphia Bible Society, we continue to be indebted, as heretofore, for a supply of Bibles and Testaments, and to the Editor of the *Boston Olive Branch* for continuing to send his paper to the institution. To William Welsh, especial thanks are due for the use of a large number of costly materials for our evening entertainments, and to Wm. Chapin, Principal, and the pupils of the Pennsylvania Institution for the instruction of the Blind, for "a grand concert in honour of the officers and patients of the institution," and for assistance on various other occasions.

All these gifts and evidences of good feeling for the institution have been used as desired by their generous donors. In no other way could the same means have been more useful or more highly appreciated; they have given the best return that could be desired by those to whom we are indebted for them.

Of my colleagues, Dr. Thomas J. Mendenhall,\* the Assistant Physician, Jonathan Richards, the Steward, and Margaret C. Richards, the Matron, I am glad to speak in terms of high commendation for their valuable

\* Since writing this report, Dr. J. Edwards Lee has been appointed Assistant Physician, Dr. Mendenhall having resigned that station.

and faithful services, and for the deep interest manifested in the prosperity of the institution and the welfare of the patients on all occasions. To the supervisors, teachers, attendants, and all others engaged in the care of the patients, and who as a body have contributed largely to their comfort and improvement, I can also refer with approbation. To those of the attendants whose musical performances have been so much enjoyed by the patients, at the evening entertainments, thanks are specially due.

**RESULTS OF FIRST TEN YEARS' OPERATIONS.**—Before closing the Tenth Annual Report of the Institution, it may not be uninteresting very briefly to recapitulate some of the most important results achieved since the removal of the insane from the hospital in the city of Philadelphia. Within that period 1806 patients, from twenty-three different States, from the District of Columbia, three of the West India Islands, and from the Island of Madeira, have been admitted and treated, and of these we have had the satisfaction to see 843 leave us restored to health, and 371 others in various states of improvement, while the condition of the chronic and incurable cases has been essentially improved, and their comforts greatly increased.

Of the total number received, 448 were indigent Pennsylvanians, taken care of and treated in the best manner without charge of any kind, and a large part of whom were returned to their friends fully restored. On this class, most of whom must have remained without treatment but for the charitable provision of this Institution, \$67,410 46 of its income has been expended.

In addition to those received without charge of any

kind, 666 others have been admitted at rates somewhat below the actual cost of their support, and those paying the largest amount charged have had accommodations and advantages not to be procured but in some similar establishment even at a much greater cost.

In the treatment of these patients, the amount of strict seclusion has been vastly diminished, and the use of restraining apparatus has been almost entirely abolished. Of the latter, none but a few of the mildest forms have ever been employed. Neither straight-jackets, muffs, or the so-called tranquilizing chairs, have ever been among the means used in this Hospital.

Beginning with 94 patients from the old hospital, the number has gradually increased, till at one time in the past year 235 were under care, and the average number during this last period was 219, nearly filling the house at all times, and often crowding it to its utmost capacity.

The buildings have been extended so as to accommodate eighty more patients, with their attendants, than were originally provided for, with greatly improved fixtures and arrangements throughout the whole establishment. A system of heating by steam, connected with a forced ventilation, has been thoroughly tested, and workshops, a green-house, summer-houses, a museum, and various other smaller structures, have been placed on the pleasure-grounds, which have been appropriately divided, laid out with dry walks, ornamented with shrubbery and flowering plants, and in which 885 trees, 465 of them evergreen, have been planted and are now growing.

The experience of this Institution has been freely imparted to all inquirers, and it is believed that its influence has been useful in the community, by extending a

knowledge of the wants and capabilities of the insane, of the general principles which should regulate their management, and in securing in other places such provision as is requisite for their proper treatment.

CONCLUSION.—In thus closing a review of the working of the Hospital from its opening, the period during which it has been my privilege to superintend its operations, I should do injustice to my own feelings did I not refer to the large number of excellent citizens, now scattered in nearly every section of the Union, who have been under my care, and are now among my most valued friends. The numerous kind letters and messages constantly sent by those who have left us, the frequent visits, in company with their families and friends, to the Institution, and the various tokens of pleasant remembrance of it often received, are among the best proofs of a proper appreciation of the objects of the Hospital by those for whose especial benefit it has been prepared, and, with the pleasure of witnessing light breaking in upon mental darkness, form the highest and most grateful reward any one could desire for his labours in such a cause. Those who leave with different feelings are few in number, and almost invariably among those who carry with them a recollection of all the most distressing part of their malady, without knowing the altered feelings generally produced by a perfect recovery.

There are, however, other recollections, which, to the writer, are of a painful character. In referring back to the period when the corner-stone of this Hospital was laid, in 1836, he cannot but remember with sorrow that of the thirteen valued friends who then composed its Board of Management, but a single one is now connected

with the Institution, and that ten of these—men distinguished for their devotion to its best interests, and for their enlarged benevolence—have passed from works to rewards, while two only of those who have ceased to participate in the direction of its affairs are still amongst us, receiving the respect and regard of all their fellow-citizens, and the gratitude of the afflicted, for their valued labours in connection with the Pennsylvania Hospital. Even of those by whom the writer of this report was honoured with his original appointment, a little more than ten years ago, but two remain connected with the Board, and of the thirteen, but four are now living.

Amid all the changes in the Board of Managers, however, there has been no change in the hearty interest always felt by its members in this branch of the charity, nor in that cordial and generous support which I have received on all occasions, nor in that enlightened and liberal spirit with which every important suggestion for increasing the efficiency and usefulness of the Institution has been met and carried out. How much all this has contributed to the success of the Hospital, how much it has lightened the labours of your officers, and how truly grateful I shall always feel for it, no one can fully appreciate who has not occupied a similar position.

In all future time, as in the past, may this Institution have the protection of that Divine Providence to whom we cannot but feel devout gratitude for numberless blessings vouchsafed to it, as well as for preservation from the many ills to which it and those connected with it have been exposed.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane, }  
1st Mo. 1st, 1851.



# APPENDIX.

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## ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE\*

AT

PHILADELPHIA.

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ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital—but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

\* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this report, and their places of residence can be learned, on application at the Hospital, in Pine Street above Eighth, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine—with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city or county of Philadelphia. Payment for the first thirteen weeks' board is always to be made in advance, when the patient is taken to the Institution; and if the patient is removed *uncured*, before the expiration of three months, and contrary to the advice and consent of the Superintending Physician, board is always required for that period—otherwise the charge is only for the time actually passed in the Hospital.

Large chambers and private attendants can always be supplied, if desired by the friends of patients.

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Contributions and donations will be received by any of the Managers, or by the Treasurer, at No. 135 South Front Street, Philadelphia.

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Legacies should be given in the corporate name of the Institution, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL."

The following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.

### CERTIFICATE.

I have seen and examined \_\_\_\_\_ of \_\_\_\_\_, and believe \_\_\_\_\_ to be insane.

\_\_\_\_\_ M. D.  
\_\_\_\_\_ 1851.

### APPLICATION.

I request that the above-named \_\_\_\_\_ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

\_\_\_\_\_ }  
\_\_\_\_\_ 1851.

 To be signed by a guardian, near relative, or friend.

### OBLIGATION.\*

In consideration of \_\_\_\_\_ being admitted a patient into the "*Pennsylvania Hospital for the Insane*," at my

\* This obligation to be signed by a responsible person. The surety to be a resident of the city or county of Philadelphia.

request, I promise to pay to the Steward of the said Hospital or to his order, quarterly, \_\_\_\_\_ dollars \_\_\_\_\_ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient, to remove \_\_\_\_\_ when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician, before the expiration of three calendar months, to pay board for thirteen weeks.\*

Witness my hand the \_\_\_\_\_ day of \_\_\_\_\_ 1851.

I hereby guarantee the performance of the above obligation.

*Philadelphia*, \_\_\_\_\_ 1851.

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The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

\* Payment for the first thirteen weeks' board is always to be made in advance, but if the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded.

*The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.*

### QUESTIONS.

1. What is the patient's age?  
Married or single?  
If children, how many?
2. Where was patient born?  
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *pre-meditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco in any form, &c.?

16. Has the patient been subject to any bodily disease—to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars and the effects.

Please state any other matter supposed to have a bearing upon the case.